

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 4710 Slide Rd Lubbock, TX 79414	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43150</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident has a right to personal privacy and confidentiality of his or her personal medical records for 1 of 1 resident was reviewed for privacy (Resident #8).</p> <p>1. LVN B left Resident #8's information up on the screen while her computer cart was on the other side of the nurse's station, and she was at the nurse's station. The computer screen was left up with Resident #8's information up and residents were walking by, putting Resident #8's information at risk.</p> <p>This failure could place residents at risk of having medical information exposed to others and misuse of personal information.</p> <p>Findings Included:</p> <p>Resident #8:</p> <p>Record review of an Admission Record review for Resident #8 showed a [AGE] year-old male with an original admitted [DATE] and a readmitted [DATE] with diagnoses of end stage renal disease, fluid overload, atrial fibrillation, insomnia, lesions of oral mucosa, muscle spasm, edema, nausea, difficulty in walking, lack of coordination, abnormal posture, pain, muscle weakness, encephalopathy, pleural effusion, pneumonia, severe sepsis with septic shock, dependence on renal dialysis, depressive disorders, acute kidney failure, respiratory failure with hypoxia, essential (primary) hypertension, type 2 diabetes mellitus without complications, unspecified with intoxication with perceptual disturbance, metabolic encephalopathy, chronic obstructive pulmonary disease, and right heart failure.</p> <p>Record review of a Quarterly MDS (Minimum Data Set) assessment dated [DATE] for Resident #8 indicated a BIMS (Brief Interview for Mental Status) score of 10 meaning Resident #8 was moderately cognitively impaired.</p> <p>An observation was made of an exposed medical record for Resident #8 on 1/17/2025 at 4:18 PM. While making observations for call lights, it was observed that LVN B was sitting at the nurse's station behind the desk while her computer was on the medication cart on the opposite side of the nurse's station. The computer was left open and exposed while residents were walking by the exposed chart.</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:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/17/2025 at 4:27 PM, LVN B stated that she should have minimized the screen, but she had thought that if she were at the nurse's station it would be good. LVN B stated that she was not by the open medical record. LVN B stated that she had been trained in privacy. LVN B stated that she had not had any recent training in privacy due to new management. LVN B stated that the negative potential outcome of not providing privacy for resident's medical records was that the wrong person could get ahold of the resident information and misuse their information. LVN B stated that she should have locked the screen.</p> <p>During an interview on 1/17/2025 at 5:53 PM, the DON stated that he expected all staff to abide by HIPAA. The DON stated that he expected the staff to minimize the screen or lock the screen to provide privacy to all residents. The DON stated that it was the responsibility of all staff to provide privacy to all residents and to protect their personal and medical information. The DON stated that the negative potential outcome could be that it could cause extortion and stealing resident information.</p> <p>During an interview on 1/17/2025 at 6:01 PM, the Administrator stated that he expected that anytime the staff walked away from the kiosk, then the screen was to be locked or minimized. The Administrator stated that he was getting an in-service together. The Administrator stated that it could cause a resident's information to get stolen and cause identity theft and sometimes it takes years for someone to be able to correct that situation.</p> <p>Record Review of facility provided policy, Labeled, Electronic Medical Records, date Revised in June 2019, stated:</p> <p>Policy Statement: Electronic medical records may be used in lieu of paper records when approved by the Administrator.</p> <p>Policy Interpretation:</p> <p>3. Only authorized persons who have been issued a password and user ID code will be permitted access to the electronic medical records system.</p> <p>4. The facility will make reasonable efforts to limit the use or disclosure of protected health information to only the minimum necessary to accomplish the intended purpose of the use or disclosure.</p> <p>8. Our electronic medical records system has safeguards to prevent unauthorized access of electronic protected health information (e-PHI). These safeguards include administrative, technical, and physical safeguards that are appropriate for:</p> <p>a. The probability and criticality of risks to e-PHI based on a thorough risk analysis conducted by this facility.</p> <p>b. The size, complexity, and capabilities of this organization; and</p> <p>c. The technical infrastructure, hardware, software, and security capabilities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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**</b> 43150</p> <p>Based on observations, interviews, and record review, it was determined the facility failed to provide ADL (Activities of Daily Living) care for 7 of 7 residents (Resident#1, #10, #11, #12, #13, #14, and #15)) observed for ADL care to ensure they were receiving appropriate hygiene in that:</p> <p>The facility failed to provide showers for Residents #1, #10, #11, #12, #13, #14, and #15, on a routine basis.</p> <p>This failure could place the residents at risk of not receiving the care and services to maintain their highest practicable physical, mental, and psychosocial well-being.</p> <p>The findings include:</p> <p>Resident #1:</p> <p>Record review of an Admission Record dated for Resident #1 shows a [AGE] year-old female with an original admitted [DATE] and a readmitted [DATE] with diagnoses of transient ischemic attack (TIA) (mini stroke), and cerebral infarction (stroke), Paranoid schizophrenia , Metabolic encephalopathy (a problem with the brain caused by a chemical imbalance in the blood), Urinary tract infection, Tachycardia (fast heart rate), Wheezing, Nausea, Dysuria (discomfort when urinating), Edema (inflammation), Pressure-induced deep tissue damage of right ankle, Depression, gastro-esophageal reflux disease without esophagitis (acid reflux), gastroenteritis and colitis (is inflammation of the stomach and intestines and colitis is the inflammation of the colon), Pressure ulcer of left ankle, stage 4, Spondylosis (age-related wear and tear of the spinal disks), Pain in unspecified limb, acute osteomyelitis (inflammation of bone caused by infection), neuromuscular dysfunction of bladder (the nerves that carry messages back and forth between the bladder and the spinal cord and brain don't work the way they should), anxiety disorder, Quadriplegia (paralysis that affects all of the limbs), viral hepatitis C without hepatic coma, Tinea unguium (a nail fungus), Anemia (a condition in which the blood doesn't have enough healthy red blood cells and hemoglobin), Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), Hypokalemia (low potassium).</p> <p>Record review of an annual MDS (Minimum Data Set) 11 #1 indicated a BIM (Brief Interview for Mental Status) of 15 meaning Resident #1 was cognitively intact.</p> <p>There was no record of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an Interview on 1/17/2025 at 11:44 AM, Resident #1 stated that she had not had a bed bath but once since she had been in the facility. Resident #1 stated that she did not remember what day she had the one bed bath but would like to have a shower or bed bath on a routine basis. Resident #1 stated that she had asked staff for a shower, but they do not give her a shower. Resident #1 stated that she had told the CNA's because they were the ones who gave the showers. Resident #1 showed frustration that she had not had a shower.</p> <p>Resident #10:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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>Record review of an Admission Record review for Resident #10 showed a [AGE] year-old female with an original admitted [DATE] and a readmitted [DATE] with diagnoses of traumatic subdural hemorrhage without loss of consciousness, lack of coordination, anorexia nervosa, dementia, hyperlipidemia, primary open-angle glaucoma, left eye, unsteadiness on feet, anxiety disorder, intermittent explosive disorder-clarified, bipolar disorder, current episode mixed, moderate-clarified, pain, major depressive disorder, severe protein-calorie malnutrition, bacterial pneumonia, muscle weakness acute skin changes due to ultraviolet radiation, contact dermatitis, panic disorder, major depressive disorder, hypothyroidism, dysphagia, abnormalities of gait and mobility, altered mental status, unspecified, cognitive communication deficit, contusion of scalp, contusion of left eyelid and periocular area, contusion of left eyelid and periocular area, poisoning by unspecified drugs, hypo-osmolality and hyponatremia (produced by retention of water, by loss of sodium or both).</p> <p>Record review of a Quarterly MDS (Minimum Data Set) #10 indicated a BIMS (Brief Interview for Mental Status) score of 5 meaning Resident #10 was severely cognitively impaired. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an interview on 1/17/2025 at 3:08 PM, Resident #10 stated that she had not had a shower recently. Resident #10 stated that the staff did not come around to check to see if she needed a shower. Resident #10 stated that the staff would barely change her brief half the time much less give her a shower. Resident #10 stated that if staff did not help her with a shower, then she would have to do without a shower. Resident #10 stated that she had brought up to the staff before that she needed a shower, and they usually did not come back. Resident #10 stated that this had been going on for months. Resident #10 showed frustration when talking about not having a shower.</p> <p>Resident #11:</p> <p>Record review of an Admission Record review or Resident #11 showed a [AGE] year-old female with an admitted [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, urinary tract infection, dysphagia (difficulty swallowing), abnormal posture, cognitive communication deficit, nausea with vomiting, muscle weakness, reduced mobility, unspecified lack of coordination, retention of urine, gastro-esophageal reflux disease without esophagitis, hypotension, type 2 diabetes mellitus with diabetic polyneuropathy, insomnia, flaccid hemiplegia affecting right nondominant side, essential (primary) hypertension, cerebral infarction due to embolism of left middle cerebral artery, long term (current) use of anticoagulants, hyperlipidemia (a condition in which there are high levels of fat particles in the blood), aphasia (difficulty swallowing), and pain.</p> <p>Record review of a Quarterly MDS (Minimum Data Set) #11 indicated a BIMS (Brief Interview for Mental Status) score of 12 meaning Resident #10 was mildly cognitively impaired. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an interview on 1/17/2025 at 4:15 PM, Resident #11 stated that she was supposed to take a shower today (1/17/2024) but the staff had not given her a shower. Resident #11 stated that she had not had a shower in several days. Resident #11 stated that she would like to shower and did not like to miss taking a shower because she will smell. Resident #11 stated that she had not told the staff to give her a shower because she stated that she did not want to burden anyone.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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>Resident #12:</p> <p>Record review of an Admission Record dated for Resident #12 shows a [AGE] year-old female with an original admitted [DATE] with a readmitted [DATE] with a diagnosis of Chronic systolic (congestive) heart failure, insomnia, Muscle weakness, Major depressive disorder, Vitamin deficiency, seasonal allergic rhinitis, Urinary tract infection, Cognitive communication deficit, lack of coordination, Age-related cognitive decline, Dyspnea, Primary osteoarthritis, Peripheral vascular disease, Morbid (severe) obesity due to excess calories, Hypothyroidism, Generalized anxiety disorder, seizures, Essential (primary) hypertension, Pain, Age-related physical debility, Permanent atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow).</p> <p>Record review of a Quarterly MDS (Minimum Data Set) dated 12/27/2024 for Resident #12 indicated a BIM (Brief Interview for Mental Status) of 9 meaning Resident #12 was mildly cognitively impaired. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an interview on 1/17/2025 at 3:27 PM, Resident #12 stated that she had not had a shower all week. Resident #12 stated that if she needed a shower, she had to go tell the staff and sometimes they would give her a shower and sometimes they were too busy to give her a shower. Resident #12 stated that staff will not change her sheets or make her bed most of the time.</p> <p>Resident #13:</p> <p>Record review of an Admission Record dated for Resident #13 shows a [AGE] year-old male with an 8/16/2024 with a admitted [DATE] with a diagnosis of End stage renal disease, Otagia of left ear (ear pain), Shortness of breath, Nasal congestion, Pain, Depression, abnormalities of gait and mobility, lack of coordination, Muscle weakness, Acute kidney failure, Chest pain, Essential (primary) hypertension (high blood pressure), Acute diastolic (congestive) heart failure, Gangrene (dead tissue caused by an infection or lack of blood flow), acute appendicitis (a condition in which the appendix becomes inflamed and filled with pus), Noninfective gastroenteritis and colitis involves inflammation of your stomach and intestines), unspecified, Methicillin susceptible Staphylococcus aureus infection (is a type of staph bacteria that's resistant to many antibiotics used to treat regular staph infections), Anemia (a condition in which the blood does not have enough healthy red blood cells and hemoglobin), Type 2 diabetes mellitus with foot ulcer, protein-calorie malnutrition, Hyperlipidemia (a condition in which there are high levels of fat particles in the blood), Hyperkalemia (a high level of the electrolyte potassium in the blood), Cognitive communication deficit, absence of limb, Acute appendicitis with perforation (a condition in which the appendix becomes inflamed and filled with pus), Chronic kidney disease, Acute metabolic acidosis (a condition in which too much acid accumulates in the body), Ventricular tachycardia (a condition in which the lower chambers of the heart (ventricles) beat very quickly).</p> <p>Record review of a Quarterly MDS (Minimum Data Set) dated 10/10/2024 for Resident #13 indicated a BIM (Brief Interview for Mental Status) of 11 meaning Resident #13 was mildly cognitively impaired. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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>During an interview on 1/17/2025 at 1:53 PM, Resident #13 stated that he would like a shower but had not had one for a while. Resident #13 stated that the showers were not consistent. Resident #13 showed agitation in voice when talking about not being able to get a shower.</p> <p>Resident #14:</p> <p>Record review of an Admission Record dated for Resident #14 shows a [AGE] year-old female with an original admitted [DATE] and a readmitted [DATE] with a diagnosis of (congestive) heart failure, malignant neoplasm of breast (a cancer that forms in the cells of the breasts), End stage renal disease (kidney failure), Vitamin D deficiency, lack of coordination, Hemorrhage of anus and rectum, Muscle weakness, Anemia in chronic kidney disease, Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), Type 2 diabetes mellitus with diabetic nephropathy (a type of nerve damage that occur with diabetes), Iron deficiency, Morbid (severe) obesity due to excess calories, Hyperkalemia (high potassium), insomnia, chronic pain, Essential (primary) hypertension (high blood pressure), seasonal allergic rhinitis, Acute respiratory failure with hypoxia (a condition in which you do not have enough oxygen in your body), Gastro-esophageal reflux disease without esophagitis (acid reflux), Constipation, Chronic kidney disease, stage 4 (severe), Cellulitis (a common and potentially serious bacterial skin infection), Muscle wasting and atrophy, Neuromuscular dysfunction of bladder (the nerves that carry messages back and forth between the bladder and the spinal cord and brain do not work the way they should), Difficulty in walking, Unsteadiness on feet, Pain, Weakness, Spinal stenosis (the spaces inside the bones of the spine get too small), lumbar region without neurogenic claudication, Depression, Other reduced mobility, lack of coordination, Repeated falls, Heart failure.</p> <p>Record review of a Quarterly MDS (Minimum Data Set) dated 11/1/2024 for Resident #14 indicated a BIM (Brief Interview for Mental Status) of 15 meaning Resident #14 was cognitively intact. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an interview on 1/17/2025 at 2:45 PM, Resident #14 stated that showers were not being provided most of the time because they did not have enough staff to provide the showers for residents. Resident #14 stated she had to ask several times and then she would still not be given a shower. Resident #14 stated that staff would act like they did not want to mess with it, or it was too hard when she asked. Resident #14 stated that she had not told the Administrator yet because he was new and had only been in the facility a couple of days. Resident #14 stated that she knew that she was not the only resident that had not gotten a shower because she talked to many of the residents, and they all complained about it.</p> <p>Resident #15:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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>Record review of an Admission Record review for Resident #15 showed a [AGE] year-old female with an original admitted [DATE] and a readmitted [DATE] with diagnoses of atherosclerotic heart disease, fracture of right wrist and hand, urinary tract infection, edema, insomnia, glaucoma, abnormalities of gait and mobility, presence of cardiac pacemaker, bradycardia (slower than expected heart-rate) shortness of breath, tremor, chronic cough, unsteadiness on feet, painful micturition, dizziness, pain in left leg, arthritis, pain in right shoulder, difficulty in walking, overactive bladder, muscle weakness (generalized), open-angle glaucoma, hypothyroidism, essential (primary) hypertension, systolic (congestive) heart failure, cerebral infarction, persistent atrial fibrillation, depression, unspecified, fractures of lower end of right radius, subsequent encounter for closed fracture with routine healing, repeated falls, and fracture of right wrist and hand.</p> <p>Record review of a Quarterly MDS (Minimum Data Set) dated 9/1/2024 for Resident #15 indicated a BIMS (Brief Interview for Mental Status) score of 15 meaning Resident #15 was cognitively intact. There was no record review of shower sheets being completed. Record review of shower sheets were left incomplete and blank. No documentation completed.</p> <p>During an interview on 1/17/2025 at 3:25 PM, Resident #15 stated that she had not had a shower in several weeks and it was like that a lot. Resident #15 stated that she had finally gotten tired of asking for a shower and not getting one that she took her stuff, went to the nursing station, and sat there and kept asking for a shower until she had finally gotten a shower. Resident #15 stated that it should not take that, and the residents were supposed to get a shower on schedule, but the staff did not go by the schedule. Resident #15 showed frustration at not being able to get a shower.</p> <p>During an interview on 1/17/2025 at 3:50 PM, CNA A stated that she had not given any showers yet and had not seen any of the resident's getting a shower for today. CNA A stated that they were short staffed and stay busy. CNA A stated that if a resident missed a shower, it could make them feel embarrassed because they may be dirty. CNA A stated that each resident had a schedule and would normally get a shower a few times a week.</p> <p>During an interview on 1/17/2025 at 5:58 PM, the DON stated that he expected that all resident's would receive a shower on a routine basis. The DON stated that he would make sure that shower sheets were to be completed. The DON stated that a prn CNA failed to provide showers on the night before shift (1/16/2024) and there would be education provided to the employee because this was not acceptable. The DON stated that he had not known that showers were not being provided because he was a new DON in the facility. The DON stated that the policy stated to provide showers to promote cleanliness and promote healing of the resident's skin.</p> <p>During an interview on 1/17/2025 at 6:07 PM, the Administrator stated that he was going to hire a shower aide and that would be their only job daily. The Administrator stated that he had only been in this facility for a few days and noticed that there were many things to correct. The Administrator stated that he had not been aware that showers were not being provided. The Administrator stated that the residents should not have to do without a shower, and he was going to make sure that this was corrected.</p> <p>Record review of grievance list dated 11/8/2024 with Council listed as name stated showers with no resolution listed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 4710 Slide Rd Lubbock, TX 79414	

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>Record review of grievance list dated 11/18/2024 with resident name listed stated showers with no resolution listed.</p> <p>Record review of grievance list dated 11/26/2024 with resident name listed stated showers with no resolution listed.</p> <p>Record review of Resident Council Minutes dated 1/3/2024, with seven residents in attendance, stated, shower schedule is not followed.</p> <p>Record review of Resident Council Minutes dated 11/8/2024, with eight residents in attendance, stated, short-handed with staff and shower schedules.</p> <p>Record review of Resident Council Minutes dated 10/11/2024, with eleven residents in attendance, stated, Residents have concerns with shower schedules.</p> <p>Record review of Resident Council Minutes dated 9/6/2024, with eleven residents in attendance, stated, Residents have concerns with shower schedules.</p> <p>Record review of Resident Council Minutes dated 8/9/2024, with ten residents in attendance, stated, Residents have concerns with shower schedules.</p> <p>Review of the facility's policy and procedure titled, Activities of Daily Living (ADLs), Supporting, date revised March 2018, revealed:</p> <p>Policy Statement:</p> <p>Residents will provide with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <ol style="list-style-type: none"> <li>1. Residents will be provided with care, treatment, and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable. <ol style="list-style-type: none"> <li>a. The existence of a clinical diagnosis or condition does not alone justify a decline in a resident's ability to perform ADLs.</li> <li>2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: <ol style="list-style-type: none"> <li>a. Hygiene (bathing, dressing, grooming, and oral care).</li> </ol> </li> <li>3. Care and services to prevent and/or minimize functional decline will include appropriate pain management, as well as treatment for depression and symptoms of depression.</li> </ol> </li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455940	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Lubbock Hospitality Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  4710 Slide Rd Lubbock, TX 79414	
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>4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate.</p> <p>Review of the facility's policy and procedure titled, Bath, Shower/Tub, date revised February 2018, revealed:</p> <p>Purpose: The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin.</p> <p>Documentation</p> <ol style="list-style-type: none"> <li>The date and time the shower/tub bath was performed.</li> <li>The name and title of the individual(s) who assisted the resident with the shower/tub bath.</li> <li>All assessment data (e.g., any reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath.</li> <li>How the resident tolerated the shower/tub bath.</li> <li>If the resident refused the shower/tub bath, the reason(s) why and the intervention taken.</li> <li>The signature and title of the person recording the data.</li> </ol> <p>Reporting</p> <ol style="list-style-type: none"> <li>Notify the supervisor if the resident refuses the shower/tub bath.</li> <li>Notify the physician of any skin areas that may need to be treated.</li> <li>Report other information in accordance with facility policy and professional standards of practice.</li> </ol>		