

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 03/06/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49279</p> <p>Based on observations, interviews, and record review the facility failed to maintain medical records on each resident that are complete and accurately documented for 1 of 5 residents (Resident #1) reviewed for ADL care in that:</p> <p>1. The facility failed to accurately document ADL services for Resident #1.</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>Record review of Resident #1's undated face sheet revealed a [AGE] year-old male originally admitted to the facility on [DATE]. Resident #1 had a medical history of cerebral infarction (a condition where blood flow to the brain is interrupted, causing brain cells to die), muscle weakness, and reduced mobility.</p> <p>Record review of Resident #1's admission MDS revealed Section C- Cognitive patterns a BIMs score of 0 which indicated resident is rarely/never understood. Section GG- Functional Abilities revealed resident was dependent, helper does ALL of the effort, with shower/bathe, dressing, and toileting. Record review of Resident #1's progress notes revealed on 2/19/2025 and 2/20/2025 resident refused the social workers assessment, and no BIMS score was obtained.</p> <p>During an interview and observation on 3/5/2025 at 4:30pm, Resident #1 was in bed with family at bedside. Resident stated he did not want a bed bath because he did not want to wet the bed. Resident #1's family explained they would not be getting the bed wet, but he needed a bed bath. Resident #1 continued to refuse his bed bath. CNA A stated she had offered him a bed bath throughout the day, and he had refused multiple times.</p> <p>Record review of Resident #1's progress notes revealed on 3/5/2025 at 4:58pm RN B documented Resident refused shower today with family present. Resident stated that he did not want to get the bed wet and all of that mess.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's point of care history titled Functional Abilities Shower/Bath self, revealed on 3/5/2025 at 10:04AM CNA A documented a shower/bath as dependent for Resident #1. On 3/6/2025 at 10:08AM CNA A documented a shower/bath as dependent for Resident #1.</p> <p>During an interview with CNA A on 3/06/2025 at 2:29pm, she stated she normally documents ADLs after she had done them but sometimes, she would document before they were completed. She stated her training on documentation of ADLs was brief and she had not had an in-service. She stated if she documents she gave someone a bath/shower, but they refuse, or she was unable to complete the shower, she does not go back to change it to a refusal or as not completed. She stated the potential negative outcome of documenting ADLs incorrectly could be neglect with resident ADLs and the resident's needs not being met.</p> <p>During an interview with the DON on 3/06/2025 at 3:29pm, he stated his expectation of staff is for them to perform the duty first and then document right after. He stated they were planning to implement an easier charting system for the CNAs to utilize. He stated the potential negative outcome of residents not receiving ADL care or showers could be skin breakdown, infection control issues or new wounds. He stated he had not provided any training on documentation since he was hired at the facility in January 2025 and is not sure when the last staff training was done.</p> <p>During an interview with the ADM on 3/06/2025 at 3:52pm he stated staff should be performing the ADLs and then document what they did as accurately as possible. He stated he is not sure when the last training for documentation of ADLs was. He stated the potential negative outcome of inadequate ADL documentation could be residents not receiving that proper care. He stated residents could also be at risk for skin breakdown, immobility, or wounds.</p> <p>Record review of facility policy titled Guidelines for Charting and Documentation last revised on April 2012 revealed: The purpose of charting and documentation is to provide:</p> <p>A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., and the progress of the resident's care .</p> <p>8. All entries must reflect the date, the time and the signature and title of the person recording the data.</p> <p>f. Documentation each time the resident refuses his/her treatment, the resident's condition, and any adverse effects due to such refusal.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49279</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 1 facility observed for pest control.</p> <p>1. The facility failed to follow the instructions from the pest control company to have multiple holes fixed in the facility that rodents potentially used for access into the building between 1/10/2025 and 2/25/2025.</p> <p>The noncompliance was identified as PNC . The noncompliance began on 1/10/2025and ended on 3/3/2025. The facility had corrected the non-compliance before the survey began.</p> <p>These failures could place residents at risk for the spread of infection, cross-contamination, and decreased quality of life.</p> <p>Findings included:</p> <p>Record review of facility's document titled Service inspection Report dated 1/10/2025 revealed:</p> <p>After speaking with [Maintenance Man A] and [ADM], there is a good plan for getting all the holes fixed which ultimately will fix the mouse issue. Spoke with ADM and taking a day to focus on getting the holes fixed and also mentioned hiring a contractor that can come out and just knock it out. I walked with Maintenance Man A and was able to show him the holes and even found a couple new ones.</p> <p>Record review of facility's document titled Service inspection Report dated 2/25/2025 revealed:</p> <p>Inspected and found the same holes that were listed previously still have not been fixed. These need to be fixed along with several other holes listed previously. The [administrator and DON] are going to try and have these fixed, but they do not have a maintenance person. As a tech I can fix these holes along with a helper it will not be professional, but the holes will be fixed a proposal has been sent out in the past but have not gotten a response for this.</p> <p>During an interview with Resident #2 on 3/4/2025 at 12:07pm, she stated she had not had any more mice concerns since they patched up the holes in her room. Resident #2 was unable to recall when they patched the holes up in her room. Resident #2 stated before the holes had been fixed, she had some papers that had been chewed up.</p> <p>During an interview with Resident #3 family member on 3/4/2025 at 5:30pm, she stated she had brought Resident #3 some candy bars. Resident #3's family member stated on 2/21/2025, she went to open the candy bar and she noticed the candy had been bitten into and there were mouse dropping in the drawer where the candy bars had been kept in. Resident #3's family member stated, when she notified a staff member their response to her was that the facility had a rat problem. Resident #3's family member was unable to name the staff member and Resident #3 was discharged on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with RMM on 3/05/2025 at 10:16AM, he stated the building had been without a maintenance man for a while and the last one wasn't doing his job correctly, so they had let him go. He stated they had hired a new maintenance man and he had started working at the facility two days ago [3/3/2025]. He stated he has been working with the new maintenance man and they had made some good progress and most, if not all, of the holes had been fixed. He currently stated the pest control program consisted of the Pest Control company coming out once a week until the problem is resolved and then it would go back to a monthly schedule. He stated he had also been working with housekeeping in making sure the rooms are being kept clean. He stated any mouse droppings that have been found in the past week appear old and not fresh. RMM stated he had contacted the city code enforcement in regard to the restaurant they shared an alley with. He stated the field had been unkept and there was trash piling up which was contributing to their rodent problems.</p> <p>During observations made on 3/05/2025 between 10:20AM and 11:21 AM, Rooms 8, 9,12,14, 17, 30, 45, 46, entrance lobby and halls 1 and 2 were inspected with RMM for holes. Multiple holes below the sinks had been repaired. The entrance lobby of the facility had two large holes where drywall had been replaced and sealed. Exterior campus of the facility had multiple rodent traps placed along the edges of the building. No open holes were observed.</p> <p>During an interview with the DON on 3/06/2025 at 3:29pm, he stated the plan for the pest control had been to set out traps and to fix the holes. He stated the maintenance man they had, reported he had fixed all the holes, but they later learned he had not. He stated when they did a walk through about two weeks ago, they had noticed there were still holes that needed to be repaired. He stated they did find two mouse nests, one between room eight and one by the front lobby, and they were disposed of. He stated at this point all the holes should be fixed. He stated the facility did not hire an external entity for facility repairs. He stated he felt the steps the facility had taken had been adequate. He stated the potential negative outcome of rodents being in the facility could be infection control or people getting sick.</p> <p>During an interview with the ADM on 3/06/2025 at 3:52pm, he stated he believed the lack of a maintenance man was the reason they were unable to address the issues with the rodents. He stated now that they had repaired most of the holes and they had a new maintenance man , they would be monitoring for new holes and any signs of continued rodent issues. He stated they have at this time increase the visits from the Pest control Company to weekly visits. He stated they would continue to remove any unnecessary clutter from the facility because that can also draw them in. He stated the potential negative outcome of not having an adequate pest control program was an infestation and infection control issues.</p> <p>Record review of facility document titled Plan of Action- Rodents undated revealed:</p> <p>.Proposal</p> <p>Observations/Reports: rodent activity has been reported in resident rooms. Recommend service escalation to mitigate theses issues.</p> <p>Temporary escalation Recommended- until issues subside- weekly.</p> <p>Record review of facility document titled Pest Management Service Agreement dated 2/2/22 revealed:</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Services to be performed.</p> <ol style="list-style-type: none"> a. Perform monthly pest control services . b. Inspecting and treating exterior pest issues . c. Inspecting and treating interior pest issues . d. Monitoring and maintain any equipment use to bait and or eliminate pest inside and outside the building e. When requested, treat specific areas that are experiencing a particular problem . f. Providing suggestions and advice to the staff that would help alleviate any existing pest issues and prevent future issues. <p>Record review of facility document titled Pest Control last revised May 2008 revealed:</p> <p>Our facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents</p> <ol style="list-style-type: none"> 6. Maintenance services assist, when appropriate and necessary, in providing pest control services.