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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455959 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Westward Trails Nursing and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Westward Dr Nacogdoches, TX 75964 | |

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) |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50818</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services to maintain grooming and personal care for 2 of 5 residents (Residents #1 and #2) reviewed for ADL care.</p> <p>1. The facility failed when Resident #1 had long fingernails with a visible black/brown substance underneath them on 5/20/25 and had not received regular or as needed nail care.</p> <p>2. The facility failed when Resident #2 had long fingernails with a visible black/brown substance underneath them and long toenails on 5/20/25 when the Resident #2 did not receive regular or as needed nail care.</p> <p>This failure could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in feelings of poor self-esteem, lack of dignity, and health.</p> <p>Findings included:</p> <p>1. Review of an Admission Record for Resident #1 dated 5/20/2025 indicated he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of unspecified sequelae of unspecified cerebrovascular disease (long term effects due to illness or injury related to a stroke) and hemiplegia and hemiparesis following cerebral infarction affecting left side (weakness or paralysis on left side of the body).</p> <p>Record review of a quarterly MDS Assessment for Resident #1 dated 5/11/2025 indicated he had moderately impaired thinking with a BIMS score of 12. He required substantial/maximal assistance for personal hygiene, and he was always incontinent of bowel and bladder.</p> <p>Record review of a care plan for Resident #1 revised on 2/2/2024 indicated he had an ADL self-care performance deficit related to a diagnosis of hemiplegia/hemiparesis affecting his left side and limited physical mobility related to contracture (restricted joint mobility) of left upper extremity. Interventions were in place to assist with all ADLs as needed.</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.

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| 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 - Few</p> | <p>During an observation and interview on 5/20/2025 at 2:40 p.m., Resident #1 was lying in his bed awake, his left upper extremity appeared to be contracted and the fingernails on his left and right hands were long and contained a black/brown substance underneath them. He said he was unable to trim his own nails due to his limited mobility and required staff assistance. He said staff were supposed check his nails when he had showers, but they had not been checking. He said his nails were too long for his preference and he wanted them to be cut and cleaned.</p> <p>2. Review of an Admission Record dated 5/20/2025 for Resident #2 indicated he was a [AGE] year-old male readmitted to the facility on [DATE] with diagnoses of late onset Alzheimer's Disease (progressive brain disorder that destroys memory and thinking skills), Cerebral Infarction (stroke), and hemiplegia of right dominant side.</p> <p>Record review of a Quarterly MDS Assessment for Resident #2 dated 4/14/2025 indicated he had moderately impaired thinking with a BIMS score of 11. He required supervision or moderate assistance with most ADLs.</p> <p>Record review of a care plan for Resident #2 revised 1/30/25 indicated he had an ADL self-care performance deficit, and interventions were in place including check nail length and trim and clean on bath day and as necessary.</p> <p>During an observation and interview on 5/20/2025 at 2:44 p.m., Resident #2 was lying in his bed awake. His right upper right extremity appeared to be contracted and the fingernails on his left and right hands were long and contained a black/brown substance underneath them; the toenails on his left and right toes were long . He said his fingernails and toenails were too long and he wanted to have them trimmed and cleaned. He said he was unable to trim his own nails due to his limited mobility and required staff assistance. He said he could not remember the last time a staff member checked his nails.</p> <p>During an interview on 5/20/2025 at 2:50 p.m., the ADM said he was not aware of any issues with residents not having their nails trimmed and cleaned regularly. He said CNAs were responsible for checking residents' nails as part of routine hygiene and they should be trimmed and cleaned on shower days or as needed.</p> <p>During an interview on 5/20/2025 at 3:00 p.m., the DON said she was not aware of any current concerns with resident nail care. She said in-serviced staff on 3/25/25 regarding resident hygiene and sent a group text to all nursing staff on 5/11/25 reminding them to ensure resident nails were being checked and nail care provided as needed. She said the facility had experienced recent staff turn-over and hired two new CNAs. She said she would ensure new employees received additional training regarding resident hygiene and nail care.</p> <p>During an interview on 5/20/2025 at 3:10 p.m., the ADON said the facility policy reflected nail care would be provided regularly for every resident. She said CNAs were expected to check residents' nails daily and resident nails were to be trimmed and cleaned on shower days or as needed.</p> <p>During an interview on 5/20/2025 at 3:20 p.m., LVN A said CNAs were expected to inspect all residents' nails as part of routine hygiene assistance and when showering residents. She said CNAs were expected to trim and clean resident's nails on shower days or as needed; she said for residents with a diagnosis of diabetes CNAs were expected to report the need for nail care to the charge nurse.</p> <p>(continued on next page)</p> | | |

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