STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455985	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksville Nursing Home	300 E Baker St Clarksville, TX 75426

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48958 Based on interview, and record review the facility failed to treat each resident with respect and dignity that promoted maintenance or enhancement of quality of life for 1 of 14 residents reviewed for resident rights. (Resident #12) 1. The facility failed to treat Resident #12 with dignity and respect witnessed by Resident #43 when CNA D told Resident #12 Oh no ma'am, we are not fixing to do this because I am not going to be the one on 03/25/24 with an attitude and rude tone . These failures could place residents at risk for decreased quality of life, decreased self-esteem and increase anxiety. Findings included: 1. Record review of a face sheet dated on 09/17/2024 reflected Resident #12 was an [AGE] year-old female admitted to the facility on [DATE] with the diagnoses of slurred speech (weakness in the muscles used for speech, which often causes slowed or slurred speech), anxiety disorder unspecified (a diagnosis given when someone experiences clinically significant anxiety but doesn't meet the criteria for a specific anxiety disorder), muscle weakness (lack of muscle strength), and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (a common after-effect of stroke that causes weakness on one side of the body). Record review of the quarterly MDS assessment dated [DATE] reflected Resident #12 had a BIMS score of 10, which indicated mild cognitive deficit. Resident #12 required maximal assistance for ADLs such as bed mobility, transfer, and toileting. Record review of a care plan dated 02/15/2024 titled ADL assistance reflected Resident #12 had an ADL self-care performance deficit and is at risk for not having their needs met in a timely manner. The intervention for Resident #12 revealed the staff was to provide shower, shave, oral care, hair care, and nail care (prefers longer nails) per schedule and when needed with ADL's. Prefers nails long. Won't use hand splint/roll or let you paint fingernails right hand. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/16/204 at 10:47 a.m., Resident #43 said CNA D was rude to Resident #12. Resident #43 said Resident #12 tried to tell CNA D she was hurting her and grabbed her hand. CNA D grabbed Resident #12 hand an told her, Oh no ma'am you are not going to put your hands on me. Resident #43 said after that happened, she reported the incident to ADM and DON, and they took care of the situation. Resident #43 said the ADM and DON informed Resident #12 that she did not have to worry about anyone being mean to her here. Resident #43 said she thought CNA D does not work here anymore and she had not been back in their room since that incident. During an interview on 09/16/2024 at 3:17 p.m., Resident #12's family member stated there was an incident and she received information from the facility that a staff member had a bad attitude was rude to my mother. Resident #12 family member said she did not remember the details. During a phone interview on 09/17/24 1:32 p.m., CNA D said yes, I remember the incident with Resident #12. I weigh about 115 pounds. I wear a gait belt and it fits really loose, because I am so small. Resident #12 was very irritated that day I came in to work for someone else. I guess when I bent over to reposition her the metal part of the gait belt hit her and it made her upset. I apologized to her. Her oxygen nasal cannula was off and I was trying to put her stuffed animals back close to her and put her oxygen nasal cannula back on her face. She jerked the oxygen nasal cannula out of my hand and scratched me and I told her no ma'am; we are not going to do that, I am not going to be the one you put hands on today. CNA D said that was her first encounter with Resident #12. CNA D said she notified her charge nurse of the incident. CNA D said the nurse gave Resident #12 medication to relax her and after that she never went back into her room. CNA D said the facility fired her, so why are you calling me about the incident. CNA D said she was upset that day when she came in, because she was not informed by the facility staff that 5 residents on the hall, she was supposed to worked had Covid. During an interview on 09/18/2024 at 8:59 a.m., Resident #12 laid in bed awake. Resident #12 said she remembered CNA D. Resident #12 said CNA D hurt her feelings by the way she talked to her. Resident #12 said CNA D did not hit her. Resident #12 said she does feel safe at the facility. During an interview on 09/18/2024 at 9:10 a.m., LVN C said she knew CNA D. LVN C said when she worked with her, CNA D was a good aide. LVN C she had never heard CNA D be rude to staff or residents. LVN C said CNA D talked loud, but she was a good worker. LVN C said she was not there the day the incident occurred with CNA D and Resident #12. During an interview on 09/18/2024 at 9:32 a.m., CNA F said she remembered working with CNA D. CNA F said she had not witnessed CNA D be mean to the residents. CNA F said she had heard a couple of the residents said that CNA D had been rude to them. CNA F said Resident #43 told her that CNA D was rude, but she could not remember who the other resident was. CNA F said she had not seen CNA D be aggressive or mean toward the residents. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/18/2024 at 9:49 a.m., DON said CNA D does not work here anymore. DON said the facility had an investigation about the incident with CNA D and Resident #12 witnessed by Resident #43. DON said Resident #12 and Resident #43 agreed the incident was not abuse. DON said after spoke to the nurses at the facility; they agreed that CNA D had a bad attitude. DON said CNA D worked at the facility as a shower aide before she started to work as needed. DON said since CNA D came back to work for facility; she complained about where she worked. DON said she tried to keep the same staff with the same residents, because everyone was like family there. DON said she got rid of CNA D, because of her constant bad attitude; not from the incident with Resident #12 particularly. DON said she does not need a bad attitude in her building. DON said she believed CNA D was rude to Resident #12 and Resident #43 and both residents said she was rude that day. During an interview on 09/18/2024 at 2:30 p.m., DON said she thought an attitude with a resident was not acceptable. DON said she believed bedside manners was better than medication given to a resident. DON said we should watch what we say and how we treat people. DON said the incident could probably affected Resident #12's dignity. DON said Resident #12 had trouble with communication, so she does not know the extent the incident effected Resident #12. During an interview on 09/18/2024 at 2:39 p.m., ADM said, the facility let CNA D go, because if she was going to have a bad attitude and the resident felt that she was expressing that negative attitude to them, then she was not a good fit for this facility. ADM said she was sure the incident with CNA D made Resident #12 feel sad and she thought the incident shocked Resident #12. ADM said they had never had an incident like that happened at the facility. ADM said the incident could had infringed on Resident #12's dignity, but more than that she thought her feelings were hurt. ADM said the negative effect that incident could had on Resident #12 was it could had made her sad or upset. Review of a Resident Rights facility policy dated 02/20/2021 reflected, .All residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex sexual orientation, or gender identity or expression.The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents. These rights include the resident's right to .a dignified existence self-determination, and communication with and access to persons and services inside and outside the facility . Review of a Promoting/Maintaining Resident Dignity policy 02/16/2020 indicated, .It is the practice of the facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect.All staff members are involved in providing care to residents to promote and maintain resident dignity .