

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45E852	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Crockett County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  102 Medical Drive Ozona, TX 76943	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>45411</p> <p>Based on observation, interview and record review the facility failed to ensure that residents had the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and were posted in a place readily accessible to residents, and family members and legal representatives of residents for 7 of 7 residents interviewed in a confidential group meeting.</p> <p>The facility failed to have the survey results book readily accessible for the residents to review.</p> <p>This failure could place residents at risk of not being able to fully exercise their rights to be informed of the facility's survey history.</p> <p>Findings included:</p> <p>During a confidential group meeting on 5/8/24 at 11:00 am, seven out of seven residents in attendance stated they did not know where or how to access the survey results in the facility, or that it was an option for them to do so. Four of the seven residents in attendance stated that they would like to read the results from previous surveys to know what issues were found by the surveyors and what the facility had planned to do to fix the problems that had been identified.</p> <p>Observation on 5/8/24 at 2:25 PM revealed that the survey results binder was in a clear plastic wall mounted file holder on Hall 400. The location of the binder was accessible by walking down Hall 400 towards resident rooms located on that hall; all other resident rooms were located on the opposite side of the building. The binder was labeled Plan of Correction Health Survey and was behind another binder labeled Plan of Correction Life Safety Survey.</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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with Administrator on 5/8/24 at 4:41 PM, he stated that the survey results binder was not located in an easily accessible location for all residents and that the binder should be relocated to somewhere more central for all the residents. He stated the issue with moving the binders was finding a safe place to hang the file holder since most of the residents were in wheelchairs and he did not want any of them to hit their head on it. He stated that the binders had been in the same spot since before he started working in the facility. He stated that the labeling on the binder would be confusing for the residents because they would not understand what Plan of Correction meant. He stated that the binder should have been labeled State Survey Results and said that he would make sure it was changed immediately.</p> <p>In an interview on 5/9/24 at 2:39 PM with the Activity Director she stated that she had talked to the residents about the survey results binder during Resident Council meetings in the past, but she did not bring it up at every meeting. She stated she had explained where the binders were located and had taken residents individually to the binders when they had asked where they were. She stated that she only spoke about the survey results binders during Resident Council meetings so only the residents that attended the meetings would have heard about them. She stated that since it had been several months since she had discussed the survey results binders at a meeting, some of the newer residents would not have heard about them even during Resident Council. She stated she did not like where the binders were located because the residents who lived on Hall 100, Hall 200, and Hall 300 rarely, if ever, came down that hall and would not see the binders. She stated that the binders should be hung in the dining room/living room area where all the residents like to congregate because all the residents would be able to see them.</p> <p>Review of facility policy titled Examination of Survey Results, revised April 2017, revealed, in part: Survey reports and plans of correction are readily accessible to the resident, family members, resident representative and to the public. Residents may examine the results of the most recent survey of the facility conducted by federal or state surveyors, as well as any plans of correction in effect. A copy of the most recent survey report and any plans of correction are kept in a binder in the residents' day room. Survey reports, certifications, complaint investigations and plans of correction for the preceding three years are available for any individual to review upon request.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45411</p> <p>Based on interview and record review the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 2 of 14 residents (Resident #5 and Resident #31) reviewed for care plans.</p> <ol style="list-style-type: none"> <li>1.The facility failed to ensure that Resident #5 had a care plan in place for her use of diuretic medication related to her diagnosis of edema.</li> <li>2.The facility failed to ensure that Resident #31 had care plans in place for her diagnosis of diabetes mellitus and her use of insulin.</li> </ol> <p>These failures could affect residents by placing them at risk of not receiving individualized care and services to meet their needs.</p> <p>The findings included:</p> <p>Resident #5</p> <p>Review of Resident #5's Admission Record dated 5/9/24 revealed she was an [AGE] year-old female originally admitted to the facility on [DATE], with a most recent admitted [DATE]. She had diagnoses which included congestive heart failure, chronic kidney disease - stage three, and edema.</p> <p>Review of Resident #5's Annual MDS assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 5 indicating severe cognitive impairment. She was dependent on staff for all ADLs except eating for which she only required setup assistance. She was always incontinent of bowel and bladder, and she was taking a diuretic medication.</p> <p>Review of Resident #5's care plan, most recent revision date 3/6/24, revealed no care plan in place for her use of a diuretic medication related to her diagnosis of edema.</p> <p>Review of Resident #5's Order Summary Report dated 5/9/24 revealed the following order:</p> <p>- Lasix Oral Tablet 80 mg (Furosemide) Give 1 tablet by mouth one time a day for edema (Order Date: 6/21/23, Start Date: 6/22/23)</p> <p>Resident #31</p> <p>Review of Resident #31's Admission Record dated 5/9/23 revealed she was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses which included Type 2 Diabetes Mellitus with unspecified complications and Type 2 Diabetes Mellitus with diabetic retinopathy (damage caused to blood vessels at the back of the eye caused by poorly controlled blood sugar) and macular edema (swelling in the area of the retina responsible for central vision).</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #31's Quarterly MDS assessment dated [DATE] revealed she had sort and long-term memory problems with severely impaired cognitive skills for daily decision making. She was dependent on staff for all ADLs. She received insulin injections daily and a hypoglycemic medication.</p> <p>Review of Resident #31's care plan, most recent revision date 4/24/24, revealed no care plan in place for her diagnosis of diabetes and no care plan in place for her insulin use.</p> <p>Review of Resident #31's Order Summary Report dated 5/9/24 revealed the following orders:</p> <ul style="list-style-type: none"> <li>- NCS (No Concentrated Sweets) Diet (Order Date: 9/7/22, Start Date: 9/7/22)</li> <li>- A1C (blood test to measure average blood sugar levels over a 3 month period) in the morning every 6 months starting on the 15th related to Type 2 Diabetes Mellitus - Every 6 months May/November (Order Date: 11/14/23, Start Date: 11/15/23)</li> <li>- Lantus SoloStar Solution Pen-injector 100 Unit/ml (Insulin Glargine) - Inject 14 unit subcutaneously at bedtime related to Type 2 Diabetes Mellitus (Order Date: 10/26/22, Start Date: 10/26/22)</li> <li>- Metformin Hcl Tablet 500 mg give 1 tablet by mouth two times a day related to Type 2 Diabetes Mellitus (Order Date: 9/7/22, Start Date: 9/7/22)</li> <li>- Novolog FlexPen Solution Pen-Injector 100 units/ml (Insulin Aspart) - Inject as per sliding scale (if 71-150 = 0; 150-180 = 2 units; 181-220 = 4 units; 221-260 = 6 units; 261 - 300 = 10 units; 351-400 = 12 units; &gt;400 12 units and call physician) subcutaneously before meals and at bedtime related to Type 2 Diabetes Mellitus (Order Date: 9/7/22, Start Date: 9/7/22)</li> </ul> <p>In an interview on 5/9/24 at 2:12 PM with the Care Plan Nurse, she explained the MDS Coordinator was responsible for completing the baseline care plan and starting the comprehensive care plan based on the triggered items from the initial MDS assessment. She stated a resident's care plan already had the MDS triggered items on it when she it came to her. She stated she added focus areas to the care plan based on new orders received, incident reports, and new information from staff regarding the residents. She stated that she did the quarterly renewal/revisions to the care plans and the MDS Coordinator did the annual revisions to the care plans. She stated that initially the MDS Coordinator would be responsible for creating a care plan for a specific diagnosis or medication based on the MDS assessment, but if an additional medication was added then she (Care Plan Nurse) would be responsible for adding it to the care plan. She stated that Resident #5 should have had a care plan in place for her use of a diuretic medication related to her diagnosis of edema based on the MDS assessment and that Resident #31 should have had a care plan in place for her diagnosis of diabetes and a separate care plan in place for her insulin use based on the MDS assessment.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/9/24 at 3:26 PM with the DON, she stated that a care plan should contain information regarding care to be provided to a resident, anything medically/psychologically/physically unique to the resident, and individualized instructions for the care of the resident. The DON reviewed Resident #31's care plan and stated that she was admitted with the diagnosis of diabetes and there should have been a care plan for both her diabetes diagnosis and her use of insulin dating back to her admission in 2022. She stated she was surprised to see that those care plans were missing. She stated that Resident #5 should have had a care plan for her use of a diuretic medication due to her edema diagnosis. She stated she had not done care plan audits in quite a while but she would add it to her list of audits for the future.</p> <p>Review of facility policy titled Comprehensive Care Plans dated February 2023, revealed, in part, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timelines to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record. The comprehensive care plan will describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>