

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45E947	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Coldwater Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 Beaver Rd Stratford, TX 79084	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39813</p> <p>Based on interview, and record review, the facility failed to ensure all residents had the right to formulate an advanced directive for 1 (Resident #13) of 9 residents reviewed for advanced directives in that:</p> <p>Resident #13 had a DNR in her record with no physician information.</p> <p>This failure could place residents a risk for not receiving healthcare as per their or their legal representatives wishes.</p> <p>Findings included:</p> <p>Record review of Resident #13's face sheet printed [DATE] revealed she was an [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses to include cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), dementia (a group of thinking and social symptoms that interferes with daily functioning), aortic valve deficiency (condition in which the heart's aortic valve does not work properly), cardiac arrhythmias (improper beating of the heart, whether irregular, too fast, or too slow), and atherosclerosis (a buildup of fat, cholesterol, and other substances in the artery walls). Section Advance Directives listed Resident #13 as a DNR (Do Not Resuscitate).</p> <p>Record review of Resident #13's last MDS was a quarterly assessment completed [DATE] listing her with a BIMS score of 8 indicating she was moderately cognitively impaired, and she had a functionality of requiring set-up to touch assistance with activities of daily living.</p> <p>Record review of Resident #13's care plan with admitted [DATE] revealed the following:</p> <p>Focus: Resident has a DNR on chart. Date initiated [DATE].</p> <p>Goal: Resident and family wishes will be honored for the next 90 days and ongoing. Date initiated [DATE]. Target date [DATE]</p> <p>Interventions: If resident is found no breathing, do not do CPR . Date initiated [DATE]. Revision on [DATE].</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the clinical record for Resident #13 revealed an Order Summary with active orders as of [DATE] with the following order:</p> <p>DNR (with an order date of [DATE])</p> <p>Record review of the clinical record for Resident #13 revealed a DNR dated [DATE] (signed by Declaration of the adult person) with the following:</p> <p>Section: Physician's Statement-there is no physician signature, no date for the physician's signature, no printed signature, and no license number.</p> <p>Section: All persons who have signed above must sign below, acknowledging that this document has been completed-there is no attending physician signature.</p> <p>During an interview on [DATE] at 02:50 PM RN A and LVN B both reported all residents in the facility were currently DNR's except for one resident which was not Resident #13 so Resident #13 was currently a DNR. RN A reported that Resident #13 was a DNR which meant that if Resident #13 was to be found not breathing or without a heartbeat they would not perform resuscitative measures and keep her comfortable. LVN C agreed with RN A. Both reported that they would notify the residents family member and the physician. RN A then checked Resident #13's DNR and was unable to find the physicians information. Then RN A asked LVN C to check Resident #13's DNR form. LVN C was also unable to find any physician information on Resident #13's DNR form. RN A and LVN C reported that due to the physician not signing the DNR form for Resident #13 the DNR was invalid and since the resident was currently stable, they would get the form corrected immediately and hope that Resident #13 did not have a decline in her condition but if Resident #13 did have a change in her condition Resident #13 would be considered a full code.</p> <p>During an interview on [DATE] at 12:56 PM AC C reported that the DNR part of resident care was not her department, that nursing takes care of the DNR process. AC C reported that the DNR was not her responsibility.</p> <p>During an interview on [DATE] at 08:51 AM the DON reported that when a resident code's all staff were to verify the code status on the front of the residents MAR and then handle the situation properly. The DON reported that AC C was to verify all paperwork to include the DNR when a resident was admitted and that she (the DON) verifies the DNR's accuracy. The DON reported that with Resident #13's DNR form, it had so many signatures with both witnesses and the notary that the physician section was just missed, it fell through the cracks. The DON reported that the social worker verifies the DNR with each care plan meeting each quarter and that the social worker recently resigned, and their new social worker has not had time to learn the new process. The DON reported that if a DNR was not correctly completed it would be invalid and it would mean the resident would need to be resuscitated (have CPR started) and would be revived. The DON reported that there would be a potential for the resident to be harmed.</p> <p>Record review of the facility provided policy titled Advanced Directives Policy and Procedures undated, revealed the following:</p> <p>It is the policy of the facility to include elements and component that have an impact on the resident's health care in accordance with state law.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.the facility will comply with the requirement of state law governing Advance Directives.</p> <p>Record review of the OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER-TEXAS DEPARTMENT OF STATE HEALTH SERVICES, undated revealed the following:</p> <p>-The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professional</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46534</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food service safety.</p> <p>The facility failed to ensure stored food was properly labelled and dated.</p> <p>The facility failed to discard leftover food by use by date on the label.</p> <p>These failures could place residents at risk of food borne illness.</p> <p>Findings included:</p> <p>An observation on [DATE] at 09:30 AM of shelving in the kitchen revealed the following:</p> <p>A plastic lidded tub of what appeared to be heart-shaped cereal with no label and no date.</p> <p>A plastic lidded container of whipped vanilla frosting with an open date of [DATE]. The lid was ballooning up as if pressure was inside the container. The manufacturer's instructions read to cover and refrigerate for up to 30 days after opening.</p> <p>A resealable plastic bag containing ,d+[DATE] bread-like objects in roundish asymmetrical shapes approximately ,d+[DATE] inches in diameter with no label or date.</p> <p>An observation on [DATE] at 09:33 AM of the walk-in refrigerator revealed the following:</p> <p>An open bottle of yellow electrolyte drink ,d+[DATE] full with no open date.</p> <p>A pitcher approximately ,d+[DATE]th full of cloudy, yellowish liquid labelled pineapple juice and dated [DATE].</p> <p>3 whole heads of lettuce no date.</p> <p>1 partial head of what appeared to be lettuce wrapped in plastic wrap no date.</p> <p>1 partial head of lettuce in original packaging open to air with brown slimy substance on packaging and a cut edge of lettuce.</p> <p>Cardboard box of tomatoes with no date. One tomato of several visible in the box had a brownish caved in area the size of a \$.50 piece.</p> <p>Round plastic lidded container labelled as whole tomatoes half full of red liquid open to air as the lid was warped and not sealed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 08:46 AM DS stated leftover food was to be labelled and dated with the day it was made and three days after. She stated the food should be thrown out 3 days after it was made. She stated residents could get sick if food was not labelled and dated correctly. DS stated she had been trained to label food with the date cooked and the date it needed to be taken out of the freezer or refrigerator. She stated she was trained to date cases of food on the day they were received from the truck.</p> <p>Record review of facility policy titled Foods Brought by Family/Visitors and dated [DATE] revealed the following:</p> <p>. 6. Perishable foods must be stored in re-sealable containers with tightly fitting lids in the refrigerator.</p> <p>Record review of facility policy titled Refrigerators and Freezers and dated [DATE] revealed the following:</p> <p>. 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened. 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates.</p> <p>Record review of the undated pages of the Texas Food Establishment Rules provided by DM revealed the following:</p> <p>. A date marking system . may include: . marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises . or discarded . Food packaged in a food establishment, shall be labeled . Label information shall include: (A) the common name of the food, or absent a common name, an adequately descriptive identity statement; .</p>		