

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Seymour Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 Westview Dr Seymour, TX 76380	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51720</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had the right to self-administer medications if the interdisciplinary team determined that this practice was clinically appropriate for 1 of 5 resident (Resident #12) reviewed for medication self-administration.</p> <p>The facility did not assess Resident #12 for self-administration safety.</p> <p>This failure could place residents at risk for not receiving medication as ordered and ingesting an incorrect amount of medication.</p> <p>Findings include:</p> <p>Record review of Resident #12's Admission MDS, dated [DATE], and revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #12 had diagnoses which included cancer, arthritis (joint inflammation), Alzheimer's disease (a disease that destroys memory and other mental functions), and rheumatoid arthritis (inflammatory disorder affecting joints). Her BIMS is 11. Scores between 0-7 indicate severe cognitive impairment, scores between 8 and 12 indicate moderate impairment, while scores above 13 indicate little to no impairment.</p> <p>Record review of Resident #12's Order Summary Report revealed an order for 10ml of Storm Wash (liquid oral medication used for sores in mouth and throat) for mouth before meals and at bedtime for throat cancer. Swish and swallow 10ml 5 minutes before meals and at bedtime. The start date for the medication was 03/29/2025 with no end date.</p> <p>Record review of Resident #12's Care Plan, dated 03/29/2025, did not indicate that self-administration of medications was care planned. In addition, the care plan did not address the medication. No documentation in the care plan was found regarding the medication.</p> <p>Record review of Resident #12's assessments and progress notes, dated from 03/28/2025 to 04/07/2025, did not reveal the resident had been instructed in the proper use of the bedside medication, which included demonstrating appropriate use of the medication, and documentation of this education in the medical record.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 04/06/2025 at 9:30 AM revealed two unsecured prescription bottles of [NAME] Wash on Resident #12's nightstand. The label read, [NAME] Wash 1:1:1:1, swish and swallow 10 ml 5 minutes before meals and at bedtime. No medication measuring cups were noted in the room and no locked boxes or locked drawers were observed.</p> <p>In an interview on 04/15/2025 at 10:02 AM with the Pharmacy Technician revealed [NAME] Wash was a special compounded medication that consisted of Lidocaine (numbing agent) 2%, Nystatin (antifungal agent) 100,000 units/ml, anti-gas medication, and simple syrup.</p> <p>In an interview on 04/06/2025 at 9:30 AM with Resident #12, she reported she was allowed to keep the medication at her bedside because she took it several times a day. She did not measure the medication with a measuring cup. She took swigs before she ate. She continued to say she had not received any education on how to take the medication and stated, the instructions were on the bottle. It says to just drink it.</p> <p>In an interview on 04/06/2025 at 9:30 AM with LVN A, she reported Resident #12 had an order to keep the medication at her bedside. She stated, I've never seen her take it. When I give her medications, she can only sit up on her elbow to swallow her medication. I don't know if there was an assessment completed because I wasn't here when she was admitted .</p> <p>In an interview on 04/07/2025 at 9:22 AM with the DON, she stated Residents should be educated before self-administering medications. It appears she cannot do it herself. An adverse reaction could be diarrhea, maybe side effects. We will assess her now. The DON continued to state she did not know if the resident was assessed prior to allowing her to keep the medication at her bedside.</p> <p>In an interview on 04/07/2025 at 10:54 AM with the ADON, she stated they need to have a medication administration assessment. They need an order. We monitor and assess they are actually able to take the medication. The [NAME] Wash should at minimum be stored in the dresser so there is not easy access to other residents. Adverse reactions could include allergic reactions and decreased blood pressure if not stored or taken properly.</p> <p>In an interview on 04/07/2025 at 11:32 AM, with the Nurse Practitioner, she reported ideally residents should be following directions on the bottle and should have been assessed prior to ensure they were capable of taking the medication as prescribed. She felt harm from taking too much [NAME] Wash is minimal.</p> <p>Record review, on 04/07/2025, of the facilities policy titled Bedside Medication Storage, dated 09/2018, revealed in part:</p> <p>-Policy</p> <p>Bedside medication storage is permitted for residents who wish to self-administer medication, upon the written order of the prescriber and once self-administration skills have been assessed and deemed appropriate in the judgement of the facility's interdisciplinary resident assessment team (or equivalent).</p> <p>-Procedures</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> 1. A written order for the bedside storage of medication is present in the resident's medical record. 2. Bedside storage of medication is indicated on the resident Medication Administration Record (MAR) and in the care plan for the appropriate medications. 3. For residents who self-administer medications, the following conditions are met for bedside storage to occur. <ol style="list-style-type: none"> a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if unlocked storage is deemed appropriate. Facility management should have copy of the key in addition to the resident. 4. The resident is instructed in the proper use of bedside medication, including what the medication is for, how it is to be used, how often it may be used, properly cleaning of inhalers where applicable, and proper storage of the medication. The resident should be able to repeat the instructions or demonstrate appropriate use of the medication, and the necessity of reporting each dose used to then nursing staff. The completion of this instruction is documented in the resident's medical record. Periodic review of these instructions with the resident is undertaken by the nursing staff and deemed necessary. 		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27938</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 in one of one kitchen reviewed for food and nutrition services.</p> <p>The facility failed to ensure the stainless-steel shelf units were not soiled with food particles and dried liquid.</p> <p>This failure could place residents at risk for foodborne illness and a decline in health status.</p> <p>The findings include:</p> <p>Observations on 04/06/2025 at 9:40 AM, during the initial tour of the facility kitchen, revealed the following:</p> <p>the floor behind the stove and stainless-steel shelf unit were soiled with food debris and dried liquid.</p> <p>Observations on 04/06/2025 at 9:50 AM revealed daily cleaning logs, dated April 2025, used for all the kitchen cleaning duties, revealed all cleaning duties for the morning had been completed and initialed by the kitchen staff who completed the cleaning task.</p> <p>In an interview on 04/07/2025 at 10:40 AM, the Dietary Manager stated her kitchen staff followed a daily cleaning schedule, but the dietary department was short staffed and she must have overlooked the cleaning of the stainless steel shelf unit and floor behind the stove. She said it's important that the kitchen stainless steel shelf unit, and the floor behind the stove be kept clean to prevent foodborne illness.</p> <p>In an interview on 04/07/2025 at 2:35 PM, the DON stated her expectation was for the dietary department to follow the dietary department cleaning policy.</p> <p>In an interview on 04/07/2025 at 2:40 PM, the Administrator stated his expectation was for the dietary department to follow their cleaning schedule per dietary department policy.</p> <p>Record review of the facility's policy titled Sanitation, dated October 2019, dated as revised 2008, revealed the following [in-part]:</p> <p>The food service area shall be maintained in a clean and sanitary manner.</p> <p>The Nutrition services staff maintains clean and sanitary kitchen facilities and equipment. Walls, floors, ceilings, equipment, and utensils are clean and/ or sanitized, and maintained in good working order .</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 - Few</p>	<p>12. For fixed equipment or utensils that do not fit in the dishwashing machine, washing shall consist of the following steps:</p> <p>a. Equipment will be disassembled as necessary to allow access of the detergent/solution to all parts.</p> <p>b. Removable components will be scraped to remove food particle accumulation and washed according to manual or dishwashing procedures throughout their work areas cleaning of the kitchen and dining areas. Food service staff will be trained to maintain cleanliness.</p>		