

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Chisolm Trail Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 N Medina Lockhart, TX 78644	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949 Based on interview and record review the facility failed to ensure based on the comprehensive assessment of a resident, that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one of three residents (Resident #1) reviewed for quality of care. The facility failed to ensure Resident #1 had a physician's order for suctioning, and order for monitoring for secretions, or an order for when to replace the suction machine's cannister and tubing. This deficient practice could place residents at risk of aspiration, aspiration pneumonia, or hospitalization . Findings Included: Review of Resident #1's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including aspiration (inhaling something into your airway) of fluid as the cause of abnormal reaction, cerebral infarction (stroke), anoxic (lack of oxygen) brain injury, dysphagia (difficulty in swallowing), and hypoxemia (abnormally low level of oxygen in the blood). Review of Resident #1's annual MDS assessment, dated 02/20/25, reflected a BIMS score of 99, indicating he was unable to complete the interview. Section K (Swallowing/Nutritional Status) reflected he had a feeding tube. Section O (Special Treatments, Procedures, and Programs) reflected he did not require suctioning as a respiratory treatment. Review of Resident #1's quarterly care plan, revised 01/28/25, reflected he was dependent on tube feeding/inadequate oral intake due to dysphagia and NPO with an intervention of providing oral care daily or PRN. Review of Resident #1's physician orders in his EMR, on 03/04/25, reflected no orders for suctioning, monitoring for secretions, or when to replace the suction machine's cannister or tubing. Review of Resident #1's physician order, dated 07/16/24, reflected provide oral care every shift. Review of Resident #1's hospital records, dated 02/21/25 - 02/24/25, reflected the following: (continued on next page)		

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. admitted with altered mental status and hypoxia. [Resident #1] has a history of recurrent aspiration pneumonia. [Resident #1] was admitted to the floor and started on IV antibiotics . . I do suspect that he still having silent aspiration . During an observation and interview on 03/04/25 at 9:28 AM revealed Resident #1 lying on his bed utilizing continuous oxygen. He was struggling to breathe, there were secretions in his mouth, and was pointing to his suctioning machine on his bedside table. This Surveyor went to the nurses' station and let RN A know Resident #1 was in distress. RN A stated, Oh I am sure he needs me to suction him and went to his room. During an interview on 03/04/25 at 12:08 PM, RN A stated Resident #1 was having secretions because he had a peg tube. He stated he had started having secretions since he recently came back from the hospital with aspiration pneumonia (02/24/25). He stated the order to suction was in his TAR under oral care and he was to be suctioned he believed every shift. During an interview on 03/04/25 at 12:29 PM, the MDSC stated oral care was considered cleaning the residents' mouth with utensils to clean out residue and clean their teeth. She stated it was important to keep their mouths clean and moist. She stated residents that are NPO should receive the same oral care, but the staff needed to ensure the head of their beds were elevated to reduce the risk of aspiration. She stated suctioning would only be considered part of oral care if they needed to suction something from their mouth they could not remove while providing oral hygiene care. She stated if a resident needed regular suctioning to remove secretions, she would expect to see an order for PRN suctioning. She stated it was important because an order was needed for anything that was done for a resident, especially someone who was NPO who may be not able to tell you they needed it. She stated it was the responsibility of the nurses to get physician orders. She stated residents that were NPO did not get fluids through their mouths which could increase excessive secretions which could cause aspiration or aspiration pneumonia. She stated Resident #1 did not have excessive secretions in the past but was not sure if that had changed since his recent hospital visit. She stated she believed he would be a high potential for needing PRN suctioning due to him being a high-risk of aspiration and his history of aspiration pneumonia. She stated there should be an order to assess regularly for secretions, PRN suctioning if the nursing staff were regularly utilizing the suctioning machine, and when to change out the cannister and tubing. Review of the facility's undated Airway Management Policy reflected the following: . 2. Review patient's electronic health record (EHR), including health care provider's order and nurses' notes for patient's normal pulse oximeter values, baseline and trends in respiratory rate and effort for breathing, frequency of suctioning, and response to suctioning.		