

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Cass Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  103 Teakwood St Centerville, TX 75833	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45957</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 6 residents (Resident #1) reviewed for a clean and homelike environment.</p> <p>The facility failed to ensure Resident #1's urinal was emptied appropriately on 09/04/24.</p> <p>This failure placed residents at risk of decreased feelings of self-worth and a diminished quality of life.</p> <p>Findings included:</p> <p>A record review of Resident #1's face sheet dated 09/04/24 reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses included personal history of traumatic brain injury (someone who had a previous traumatic brain injury), muscle wasting and atrophy (loss of muscle tissue), major depressive disorder (persistent low mood and loss of interest in activities that people enjoy), epileptic seizures (a sudden burst of electrical activity in the brain that cause symptoms such as jerking and shaking), primary essential hypertension (high blood pressure that doesn't have a known secondary cause), and muscle weakness (loss of muscle strength).</p> <p>A record review of Resident #1's Quarterly MDS assessment, dated 08/12/24, reflected Resident #1 had a BIMS score of 13, which indicated cognitively intact. Resident #1's Quarterly MDS Section GG Functional Abilities and Goals reflected that Resident #1 required substantial/maximal assistance in the area of toileting hygiene and partial moderate assistance in the areas of eating, oral hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>A record review of Resident #1's care plan, dated 09/04/24, reflected Resident #1 was care planned for ADL self-care performance deficit r/t disease process TBI, limited physical mobility r/t TBI, and impaired cognitive function/dementia or impaired thought process r/t neurological symptoms.</p> <p>During an observation on 09/04/24 at 9:20am, Resident #1's urinal had yellowish liquid in it that appeared to be urine.</p> <p>During an observation on 09/04/24 at 11:28am, Resident #1's urinal appeared to have yellowish liquid in it that appeared to be urine.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 09/04/24 at 1248pm, Resident #1's urinal appeared to have yellowish liquid in it that appeared to be urine.</p> <p>During an observation on 09/04/24 at 2:42pm, Resident #1's urinal appeared to have yellowish liquid in it that appeared to be urine.</p> <p>During an interview on 09/04/24 at 9:20am, Resident #1 stated that the urinal had been on his nightstand for a long time. Resident #1 stated the CNAs only empty his urinal during the night shift. Resident #1 stated that his urinal was not emptied the night before.</p> <p>During an interview on 09/04/23 at 1:00pm, LVN A stated that CNAs should make rounds at least every two hours. LVN A stated that CNAs should be looking to see if a resident needs assistance, ensuring call lights were within reach, and making sure all residents were comfortable. LVN A stated that it's anyone's responsibility that walked into the resident's room to ensure that the urinal was emptied appropriately. LVN A stated that if a resident's urinal was not emptied appropriately then that would be a resident's rights issue, the resident's room would have a foul smell, or the resident could knock over the urinal creating a slippery floor.</p> <p>During an interview on 09/04/23 at 3:30pm, the DON stated that CNAs should ensure that the resident's urinals have been emptied when rounds were made. The DON stated anyone who entered the resident's room should ensure the resident's urinal was emptied appropriately. The DON stated if a resident's urinal was not emptied appropriately that would be a resident's right violation, and an infection control issue.</p> <p>During an interview on 09/04/23 at 4:00pm, the ADM stated that CNAs should ensure that the resident's urinals have been emptied when rounds were made. The ADM stated anyone who entered the resident's room should ensure the resident's urinal was emptied appropriately. The ADM stated if a resident's urinal was not emptied appropriately that would be a resident's right violation, there would be an odor from the urinal, and an infection control issue.</p> <p>Review of the facility's Bedpan/Urinal, Offering/Removing policy, revised February 2018, reflected, Purpose: The purpose of the procedure is to provide the resident with bedpan and/or a urinal assistance. Preparation</p> <ol style="list-style-type: none"> <li>1. Review the resident's care plan to assess for any special needs of the resident.</li> <li>2. Assemble the equipment and supplies as needed.</li> </ol> <p>General Guidelines</p> <ol style="list-style-type: none"> <li>1. Check to see if the resident is on intake and output before discarding the urine and feces.</li> <li>2. Do not allow the resident to sit on a bedpan for extended periods. This is not only uncomfortable to the resident, it also causes skin breakdown.</li> <li>3. If the resident prefers to keep a urinal at his bedside, check if frequently. Empty and clean it as necessary.</li> </ol>		