

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview, and record review the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced dignity and respect for 1 (Resident #38) of 21 residents in memory care dining rooms in that:</p> <ol style="list-style-type: none"> 1. The facility failed when on 09/24/2024 LVN H was standing while feeding (Resident #38) in the memory care unit dining room at lunch meal. 2. The facility failed when on 09/24/2024 CNA I was standing while feeding (Resident #38) in the memory care unit dining room at lunch meal. <p>This deficient practice could affect residents who were dependent on eating and could contribute to feelings of poor self-esteem and decreased self-worth.</p> <p>The findings included:</p> <p>Record review of Resident #38's face sheet dated 09/26/2024 reflected she was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a person with memory loss, difficulty with daily tasks, poor judgement, difficulty communicating, loss of independence) , Depression, unspecified (a person exhibits a persistent feelings of sadness, hopelessness, or emptiness) , Anorexia (an eating disorder causing people to obsess about weight and what they eat).</p> <p>Review of Resident #38's Quarterly MDS dated [DATE] reflected severe memory loss with difficulty focusing attention and disorganized thinking. Further review of the MDS reflected (Resident #38) required set-up and assistance with eating.</p> <p>Observation on 09/24/2024 at 11:30 AM, in the memory care unit dining room during lunch time, revealed LVN H standing while feeding Resident #38.</p> <p>Observation on 09/24/2024 at 11:45 AM, in memory care unit dining room during lunch time, revealed CNA I was standing on Resident #38's right side while feeding Resident #38.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with CNA I on 09/24/2024 at 12:01 PM, who stated LVN H asked her to take over assisting Resident #38 eat. She stated she forgot to sit down while assisting Resident #38 eat which she had been trained to do through her staffing agency stating it was best practice to be at eye level with the residents while helping them eat. She started sitting down at eye level, which helped her to communicate with the resident and she could make sure that the resident was swallowing her food correctly. She stated she remembered her training and that was why she stopped feeding Resident #38 and went and got a chair so that she could sit down next to Resident #38. She stated the residents had the rights to dignity during assistant with meals.</p> <p>In an interview with LVN H on 09/24/2024 at 12:31 PM, who stated she was really embarrassed that she forgot to be at eye level with Resident #38 during assistance with her meal. She stated it was hard to find space to sit due to another resident's family member having taken the space next to Resident #38. She stated she would not have anyone to stand over her while she was eating. She stated Resident #38 had the right to dignity and a dignified dining experience. She stated the risk to the resident could be that she could choke, or she couldn't communicate with her.</p> <p>In an interview with the DON on 09/26/2024 at 04:52 PM, who stated staff were trained to sit next to residents when they assisted them with feeding. She stated direct staff were supposed to sit and not stand while assisting the residents with feeding, so residents felt comfortable and did not feel rushed. She stated she expected the nursing staff to sit down while assisting the residents to eat. She stated unless a staff was opening or setting up for a resident it was best practice to be at eye level and to communicate with the resident. She stated upon hire, residents right was part of the training and standing over the resident while assisting them eat was a big no no.</p> <p>In an interview with the Administrator on 09/26/2024 at 05:46 PM, who stated she expected all staff and all direct care staff to follow the facility policy for Residents Rights.</p> <p>Review of the facility's Resident Rights policy revised February 2021 reflected, Employees shall treat all residents with kindness, respect, and dignity.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48122</p> <p>Based on observations, interviews, and record review the facility failed to ensure the resident environment remained free of accident hazards as was possible for 1 of 1 doorway in the 100-hallway reviewed for accidents and hazards.</p> <p>The facility failed to ensure the storage room on the 100-hallway remained closed and locked while a staff member was not actively retrieving or stocking hazardous items in the storage room when the door to the storage room was observed open on 9/24/2024.</p> <p>This failure could place residents who accessed the 100- hallway at risk of injury or illness from access and exposure to hazardous items.</p> <p>Findings included:</p> <p>Observation on 9/24/2024 at 8:40 AM of the 100-hallway revealed the door with punch number keypad open approximately 6 inches. No staff member was visible on the hallway for more than five minutes while the door was open. Items observed in the storage room were Medline mouthwash rinse, Medline fluoride toothpaste, Medline premium adult toothbrushes, denture cleanser tablets, Medline twin blade disposable razors, aerosol can of shave cream, Remedy Essentials spray cleanser, vinyl synthetic powder free exam gloves, disposable medical masks, a gate belt, green container with 2 clear drawers the bottom drawer having wooden toothpicks</p> <p>Interview on 9/26/2024 at 11:53 AM with MA B who stated that all storage room doors should be kept closed unless an employee was right there. When asked why, MA B responded that there could be hazards to residents in the storage room like nail clippers, razors, and other sharp items. MA B went on to state that residents with diagnosis like dementia may get into things that might not be good for them in large doses like toothpaste or heavy things or the shelves may fall on them. When asked what should be done by an employee who sees a storage room door open, MA B stated the employee should close it. When asked if an employee sees the same storage room door open consistently what should be done, MA B stated the employee should shut the door and then report to the nurse which door was open and other times it has been seen open.</p> <p>In an interview on 9/26/2024 at 12:12 PM, CNA C stated that storage room doors with punch keypad locks should be kept shut and locked at all times with no exceptions. CNA C stated that no patient should have access to a storage closet as hazardous items are usually kept there. CNA C stated hazardous items may include chemicals, sharp objects, items on high shelves that could fall on them, or that a resident could get ahold of something toxic and drink it. When asked what they should do when encountering an open door with a punch keypad lock on it, CNA C responded shut it after making sure no one was in there. When asked what they would do if coming across the same door open regularly, CNA C stated they would tell the nurse what they had seen and when and ask they help spread the word to other employees to keep the doors closed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/26/2024 at 1:11 PM with CNA D, who stated that storage room doors with punch keypad locks should be kept closed and locked with no exceptions. When asked why, CNA D stated there are items in the closets hazardous to residents like nail care supplies, denture adhesives, mouthwash, denture cleanser, and more that could cause harm if used wrong. When asked what they would do if they came across an open storage room door, CNA D stated would close it and make sure it was locked after ensuring no one was inside. When asked what they would do if encountering the same storage room door open regularly, CNA D stated they would let maintenance know so the keypad code could be changed and also inform the nurse.</p> <p>Interview on 9/26/2024 at 1:29 PM with LVN E who stated that storage room doors should be kept closed and locked with no exceptions. LVN E stated that storage rooms may contain hazards to residents such as soiled linens or trash and a resident with cognitive impairment could get into the items and be exposed to contaminated fluids or feces or ingest things that could hurt them. When asked what they should do when encountering an open storage room door, LVN E stated they should shut the door and inform the aides to keep the doors closed and locked. LVN E stated that if they come across the same storage room door open regularly, they should shut it and try to find out who was leaving it open, remind staff to keep the storage room doors shut, alert the ADON and discuss what next steps to take.</p> <p>In an interview on 9/26/2024 at 2:00 PM with the ADM, who stated that storage room doors should be closed and locked. The facility had recently upgraded to the punch keypad locks on storage rooms doors and linen room doors as added safety for residents. The ADM stated the staff had been informed of this and that any issues with the doors or locks should be reported to immediately, and that codes are to be kept confidential from residents. The ADM said they were not aware of storage or linen room doors being left open and had not noticed any on her rounds. The ADM stated she will readdress with all staff and remind of the importance of keeping residents safe from hazards.</p> <p>Record review of the facility's Environmental Services Safety Procedures from The Compliance Store, LLC. (C)2022 reflected a policy of It is the policy of this facility to ensure general safety procedures are followed in the course of performing housekeeping and/or laundry duties. The Policy Explanation and Compliance Guidelines further states 3. Staff will ensure equipment (e.g., cords, ladders, or chemicals) is properly stored and not left unattended in areas that are accessible to residents. When not in use, equipment will be stored in a locking closet, cabinet, laundry carts, or storage area for safety.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48122</p> <p>Based on observations, interviews, and record reviews the facility failed to review the risks and benefits of bed rails and enabler/grab bars (smaller bars used by the person in bed to reposition themselves), with the resident or resident representative, have physician orders, conduct a safety assessment, and obtain informed consent prior to installation for one (Resident #224) of three residents beds observed and reviewed for quarter bed rails/enabler bars.</p> <p>The facility failed to have evidence on 09/25/2024 of informed consent, assessment of the resident for risk of entrapment, care planning or a physician's order for the quarter bed rails/enabler bars for Resident #224.</p> <p>This failure could affect residents who used quarter bed rails/enabler bars at risk of the resident/responsible party not being aware of the risks, informed consent not being obtained from the resident or responsible party, physician not being aware of use of the enabler/grab bars, and care plan not being properly documented.</p> <p>Findings included:</p> <p>Observations on 9/24/2024 at 8:48 AM and at 10:40 AM, and on 9/25/2024 at 9:10 AM revealed Resident #224's room had the resident's bed with quarter bed rails/enabler bars installed and raised on both sides of the bed with the call light wrapped around the enabler bars. Resident #224 was observed in the bed on each occasion.</p> <p>Record review on 09/25/2024 of Resident #224's face sheet reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #224 was noted to have diagnoses that included Transient cerebral ischemic attack, unspecified (brief episode where blood flow to the brain is temporarily reduced), Essential (primary) hypertension (high blood pressure that is multifactorial and does not have one distinct cause), Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus (a nervous system disease characterized by recurrent seizures), Muscle wasting and atrophy, Other lack of coordination, Dependence on other enabling machines and devices, Cellulitis of right lower limb (bacterial infection that affects the skin's deep layers, including the dermis and subcutaneous fat), Other abnormalities of gait and mobility, Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity (condition where a blood clot forms in a in a deep vein and a foreign body or blood clot enters the blood stream), pulmonary embolism without acute cor pulmonale (a blockage of the pulmonary arteries that occurs when prior clots in these vessels don't dissolve over time despite treatment of an acute pulmonary embolism, or the result of an undetected or untreated acute pulmonary embolism), Other reduced mobility</p> <p>Record review on 09/25/2024 of Resident #224's Care Plan updated 9/20/2024 reflected resident was a risk for falls and at risk for alteration in comfort or pain. The Care Plan had not included use of bed rails/grab bars as a way of repositioning for pain reduction.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of medical records on 09/25/2024 for Resident #224 reflected no written Physician Order for quarter bed rails/enabler bars for mobility and positioning. No assessment for safe use of enabler bars or quarter bed rails was in the medical record for Resident #224.</p> <p>Review of medical records on 09/25/2024 for Resident #224 reflected no Bed Rail Consent form (quarter bed rail/enabler bar consent) for the quarter bed rails/enabler bars signed by the resident or resident's responsible party or noted to have verbal permission for the enabler bars.</p> <p>In an interview on 9/26/2024 at 11:53 AM with MA B who stated that a bed rail/grab bar could be considered a restraint at lengths of full and half. MA B was not sure if a grab bar/quarter bed rail would be considered a restraint or not. When asked if a grab bar/quarter bed rail could have negative potential outcomes when installed on a resident bed, MA B replied yes and gave examples such as a resident may hit their head on the bar or get their hand or arm stuck in the bar. When asked if a resident and their responsible party should be educated on the benefits and risks of grab bars/quarter bed rails, MA B stated yes, they should be educated on all aspects of the grab bars.</p> <p>In an interview on 9/26/2024 at 12:12 PM with CNA C, who stated that bed rails/grab bars were something that can protect a resident from falling out of bed, help the resident sit up and move around in the bed. When asked to describe what a bed rail/grab bar looked like, CNA C stated that bed rails can be different lengths and that grab bars are also considered bed rails. When asked if bed rails/grab bars of any length could have potential negative outcomes for resident, CNA C replied yes, a resident could have an arm or hand become tangled up, even legs could have become tangled, a resident could have their head stuck between the rail and mattress, get bruised or even feel restrained. When asked if the resident and responsible party should be educated on the benefits and risks of bed rails/grab bars, CNA C responded yes, most definitely.</p> <p>In an interview on 9/26/2024 at 1:11 PM with CNA D, who when asked what a bed rail/grab bar was CNA D stated that a bed rail/grab bar was something that could be protection from a resident falling out of bed, assist resident to sit up or lay down in bed, or give something to hang on to receiving care or transferring. CNA D was asked to describe what a bed rail/grab bar might look like, and the response was any rail attached to the bed and can be different lengths depending on what the doctor or physical therapist ordered. CNA D stated the potential negative outcomes of bed rails/grab bars could range from a resident receiving skin tears and bruises to broken limbs or getting tangled in cords. CNA D stated of course when asked if a resident or their responsible party should be educated on bed rails/grab bars and when asked why the response was since the resident could get hurt.</p> <p>In an interview on 9/26/2024 at 1:29 PM with LVN E who stated that bed rails/grab bars were a device attached to the bed for repositioning purposes or transferring if therapy sees necessary or recommends for the resident. When asked to describe what bed rails/grab bars may look like, LVN E stated they could be metal or hard plastic, usually a tube design, and different lengths depending on need like grab bars. LVN E responded that there were potential negative outcomes from using bed rails/grab bars such as skin tears, a resident could get hung up, or even feel entrapped or restrained. When asked if the resident or responsible party should be educated about the bed rails, LVN E stated yes, 100% and added that consent for the bed rails/grab bars was also needed.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/24/2024 at 2:00 PM with ADM, who stated that all bed rails/grab bars were checked by maintenance monthly for any needed repairs or adjustments and the modifications made. The ADM stated that when a request for the facility bed rail/grab bar policy was made, the nursing staff were asked to review each resident bed and EHR to make sure the required safety assessment, consent form, order from physician, and care plan was documented. When asked why these items were important, the ADM responded that residents and families needed to know what the facility could place on the beds and could not, and the risks/benefits to the resident.</p> <p>Record review of the facility's provided Bed Safety and Bed Rails policy from Nursing Services Policy and Procedures Manual for Long-term Care (C)2001 from MED-PASS, Inc., Revised August 2022, reflected a Policy Statement of Resident beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bed rails is prohibited unless the criteria for use of bed rails have been met. Further review of the Policy Interpretation and Implementation reflected applicable sections of:</p> <ol style="list-style-type: none"> 1. The resident's sleeping environment is evaluated by the interdisciplinary team. 2. Consideration is given to the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment. 10. Additional safety measures are implemented for residents who have been identified as having a higher than usual risk for injury including bed entrapment (e.g., altered mental status, restlessness, etc.). 11. The facility's education and training activities will include instruction about risk factors for resident injury due to beds, and strategies for reducing risk factors for injury, including entrapment. <p>The Use of Bed Rails section included pertinent sections:</p> <p>Bed rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. For the purpose of this policy bed rails include:</p> <ol style="list-style-type: none"> a. side rails; <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview, and record review, facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 18 (Resident #1, #4, #5, #12, #14, #19, #20, #26, #33, #34, #40, #42, #53, #57 #58, #65, #72, and #122) of 24 residents reviewed for late medications.</p> <p>Facility failed to ensure Resident #1, #4, #5, #12, #14, #19, #20, #26, #33, #34, #40, #42, #53, #57 #58, #65, #72, and #122 were given medications at 9:00 AM in the morning and not administered after 11:00 AM on 09/25/24.</p> <p>These failures could place residents at risk for medication errors and jeopardize the resident health and safety.</p> <p>Finding included:</p> <p>Review of Resident #1's face sheet dated 09/25/2024 reflected a [AGE] year-old female who was admitted to the facility on [DATE]. She had allergy to Lisinopril. Her diagnoses included cerebral palsy (a congenital disorder of movement, muscle tone and posture), dental cavity, generalized idiopathic epilepsy and epileptic syndrome (this is a seizure disorder unknown what the triggers or causes are), major depressive disorder (a mental health disorder characterized by persistently depressed mood and loss of interest in activities), unspecified psychosis not due to substance abuse (this is a mental disorder characterized by a disconnection from reality), Heart failure, type 2 diabetes mellitus (uncontrolled blood sugar), high blood pressure, intellectual disability, cognitive communication difficulty, localized swelling mass and lump in upper limb, and diseases of the stomach and large intestine. Resident #1 was a DNR.</p> <p>Review of Resident #1's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Cephalexin capsule; 500 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM [Antibiotic] - Clonidine patch weekly; 0.2 mg/24 hr; 1 patch once a day on Wednesday at 9:00 AM - Januvia (sitagliptin phosphate) tablet; 50 mg; 1 tablet once a day at 9:00 AM [diabetes medication] - Lactulose solution; 10 gram/15 mL; once a day at 9:00 AM [used for constipation and/ or to remove ammonia from body] - Valproic acid (as sodium salt) solution; 500 mg/10 mL; once a day at 9:00 AM [psychosis medicine] <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Cephalexin capsule; 500 mg; 1 tablet twice a day - Clonidine patch weekly; 0.2 mg/24 hr; 1 patch once a day on Wednesday - Januvia (sitagliptin phosphate) tablet; 50 mg; 1 tablet once a day - Lactulose solution; 10 gram/15 mL; once a day - Multivitamin with minerals OTC once a day - Tylenol ES 500mg; 1 tablet twice a day - Valproic acid (as sodium salt) solution; 500 mg/10 mL; once a day <p>Review of Resident #1 progress note dated 09/25/2024 at 01:38 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call [name].</p> <p>Review of Resident #4's face sheet dated 09/25/2024, reflected an [AGE] year-old female with an initial admission to the facility on [DATE] and readmitted on [DATE] after hospitalization . Resident #4 was a full code. Her diagnoses included Parkinson's disease (a progressive nervous system disorder, which affects the ability to move muscles), abdominal distention (gaseous), mental disorder, anxiety disorder (this is a mental condition characterized by feeling worried, anxiety, or fear that is strong enough to interfere with one's daily activities), asthma (a group lung disease that block airflow and make it difficult to breath), nasal congestion, acute respiratory diseases, severe sepsis with septic shock (this is a life-threatening complication of an infection), uncontrolled blood sugar with ulcer, heart failure, urinary tract infection, cellulitis of right leg (a skin infection that causes inflammation, redness, and burning of skin), muscle loss and muscle wasting, diabetic neuropathy (nerve pain), cerebral infraction (stroke), constipation, restless leg syndrome (pain in legs that cause urge to leg movement), and gout (inflammation in joints caused by uric acid accumulation)</p> <p>Review of Resident #4's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Allopurinol tablet; 100 mg; 1 tablet once a day at 9:00 AM [used to reduce inflammation due to uric acid] - Carbidopa-levodopa tablet; 25-100 mg; 1 tablet 3 times a day at 7:00 AM, 11:00 AM, and 3:00 PM [used for Parkinson's diseases] - Clopidogrel tablet; 75 mg; 1 tablet once a day at 9:00 AM [blood thinner/antiplatelet] - Januvia (sitagliptin) tablet; 100 mg; 1 tablet once a day at 9:00 AM <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #4's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Allopurinol tablet; 100 mg; 1 tablet once a day - Carbidopa-levodopa tablet; 25-100 mg; 1 tablet 3 times a day (to be administered at 7:00 AM) - Clopidogrel tablet; 75 mg; 1 tablet once a day - Januvia (sitagliptin) tablet; 100 mg; 1 tablet once a day <p>Review of Resident #4's progress note dated 09/25/2024 at 12:46 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. [name] was made aware.</p> <p>Review of Resident #5's face sheet dated 09/25/2024, reflected a [AGE] year-old female that was admitted to the facility on [DATE]. Resident#5 was admitted to skilled nursing facility with diagnoses that included type 2 diabetic mellitus with specified complication, depression, bilateral eye swelling with mild proliferative diabetic retinopathy (this is a diabetes complication involving abnormal growth of blood vessels in the eye/retina), contracture of muscles, pain, kidney failure, sepsis (this is a life-threatening complication of an infection), hyperlipidemia (high cholesterol), high blood pressure, and mild cognitive impairment. Resident #4 had allergies to penicillin and iopamisol [media contrast].</p> <p>Review of Resident #5's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Amlodipine 1 tablet; 10 mg; once a day at 9:00 AM [antianginal/BP medicine] - Carvedilol 1 tablet; 3.125 mg; twice a day, hold if SBP <110, DBP <70 or HR <60 at 9:00 AM and 8:00 PM [betablocker/blood pressure medication] - Sertraline 1 tablet; 50 mg; once a day at 9:00 AM [treats depression] <p>Review of Resident #5's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Amlodipine 1 tablet; 10 mg; once a day - Carvedilol 1 tablet; 3.125 mg; twice a day - Sertraline 1 tablet; 50 mg; once a day <p>Review of Resident #5's progress note dated 09/25/2024 at 12:27 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call [name] no voicemail available.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #12's face sheet dated 09/25/2024, reflected a [AGE] year old female admitted to the facility on [DATE]. Resident #12 was readmitted to the facility on [DATE]. Resident #12 was a full code with allergies to Angiotensin Converting Enzyme inhibitors and linezolid. Resident #12's diagnoses included chronic obstructive pulmonary disease with acute respiratory infection as her primary admission diagnoses (a group lung disease that block airflow and make it difficult to breath), shortness of breath, urinary tract infection, painful urination, candidiasis pneumonia (fungal infection), asthma, major depression disorder, high blood pressure, hypertensive chronic kidney diseases with stage 1 through stage 4 chronic kidney diseases (this is a condition in which high blood pressure damages the kidneys), Acquired absence of right leg above knee, dehydration, gastro-esophageal reflux disease without esophagitis (reflux without heart burn), atrial fibrillation (an irregular heart rhythm), and Vitamin D deficiency.</p> <p>Review of Resident #12's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Amlodipine tablet: 10 mg, 1 tablet once a day at 9:00 AM - Azelastine aerosol, spray; 137 mcg (0.1 %); two sprays twice a day at 9:00 AM and 8:00 PM [upper respiratory medicine] - Cefdinir capsule 300 mg; 1 tablet twice a day at 8:00 AM and 8:00 PM [antibiotic] - Isosorbide mononitrate tablet extended release 24 hr; 30 mg; 1 tablet once a day at 9:00 AM [relaxes blood vessels and increase blood supply to the heart] - Pacerone (amiodarone) tablet; 200 mg; 1 tablet once a day - call [physician] if <55 - at 9:00 AM [treats heart rhythm problems] - Wellbutrin XL (bupropion hcl) tablet extended release 24 hr; 300 mg; 1 tablet once a day at 9:00 AM [treats depression] <p>Review of Resident #12's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Amlodipine tablet; 10 mg, 1 tablet once a day - Azelastine aerosol, spray; 137 mcg (0.1 %); two sprays twice a day - Cefdinir capsule 300 mg; 1 tablet twice a day (to be administered at 8:00 AM) - Isosorbide mononitrate tablet extended release 24 hr; 30 mg; 1 tablet once a day - Pacerone (amiodarone) tablet; 200 mg; 1 tablet once a day - Wellbutrin XL (bupropion hcl) tablet extended release 24 hr; 300 mg; 1 tablet once a day <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #12's progress note dated 09/25/2024 at 12:33 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK.</p> <p>Review of Resident #14's face sheet dated 09/25/2024, reflected a [AGE] year-old female who was readmitted to the facility on [DATE] with an in initial admission of 02/16/16. Her diagnoses included Diffuse traumatic brain injury with loss of consciousness of unspecified duration (this is a type of brain injury with unconsciousness and no oxygen), Basal cell carcinoma of skin of nose (skin cancer on the nose), cerebral infarction (stroke), fracture of humerus, dementia mild behaviors (this is a brain disease that alters brain function causes cognitive decline), Encephalopathy (this is a brain disease that alters brain function or structure), dysphagia difficulty swallowing, oropharyngeal phase difficulty speaking), Tachycardia (elevated/fast heart beat), chest pain, Cerebral infarction due to thrombosis of unspecified middle cerebral artery (stroke cause by blockage in the artery), anxiety disorder, restlessness and agitation. Lack of coordination and Psychotic disorder with delusions due to known physiological condition.</p> <p>Review of Resident #14's physician orders from 08/25/2024 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Acetaminophen [OTC] tablet; 500 mg; 2 tablets 3 times a day but not to exceed 3000 mg in 24 hours at 8:00 AM, 2:00 PM, and 8:00 PM - Aricept (donepezil) tablet; 10 mg; 1 tablet once a day at 8:00 AM [dementia medicine] - Depakene liquid 250mg liquid; 250mg; 10 cc once a day at 8:00 AM [treats seizures and bipolar] - Furosemide tablet; 20 mg; 1 tablet once a day at 8:00 AM [treats fluid overload] - Metoprolol tartrate tablet; 50 mg; 1 tablet once a day - hold if SBP is less than 110 or DBP is less than 60. Meds to be crushed - at 8:00 AM [treats heart rate and blood pressure] <p>Review of Resident #14's MAR for September 2024 reflected the following morning medications were given late on 09/25/24:</p> <ul style="list-style-type: none"> - Acetaminophen [OTC] tablet; 500 mg; 2 tablets 3 times a day but not to exceed 3000 mg in 24 hours (to be administered at 7:00 AM or 8:00 AM) - Aricept (donepezil) tablet; 10 mg; 1 tablet once a day (to be administered at 8:00 AM) - Depakene liquid 250mg liquid; 250mg; 10 cc once a day (to be administered at 7:00 AM) - Furosemide tablet; 20 mg; 1 tablet once a day (to be administered at 8:00 AM) - Metoprolol tartrate tablet; 50 mg; 1 tablet once a day (to be administered at 7:00 AM or 8:00 AM) <p>Review of Resident #14's progress note dated 09/25/2024 at 12:25 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message for [name].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's face sheet dated 09/25/2024, reflected a [AGE] year-old male that was admitted to the facility on [DATE]. Resident #19's initial admission to the facility was 10/30/19. His diagnoses included a primary admission of Alzheimer's disease with late onset (this is a brain condition that progressively destroys memory and other important mental functions), Major depressive disorder, dementia with severity behavioral disturbance, Abnormal coagulation, diverticulitis of intestine(pus filled polyps in intestine), open wound on right knee, Unspecified infectious disease, Rheumatoid arthritis (joint pain and bone deformation), Pain in unspecified joint, Sexual dysfunction, Alcohol abuse with alcohol-induced mood disorder and Hepatic failure (liver failure).</p> <p>Review of Resident #19's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Amlodipine tablet; 5 mg; 1 tablet once a day at 9:00 AM - Fluoxetine capsule; 20 mg; 1 tablet once a day at 9:00 AM [depression medicine] - Medroxyprogesterone tablet; 5 mg; 1 tablet once a day at 9:00 AM [treats hormone imbalance] - Memantine tablet; 10 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM [Alzheimer's medicine] <p>Review of Resident #19's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Amlodipine tablet; 5 mg; 1 tablet once a day - Fluoxetine capsule; 20 mg; 1 tablet once a day - Medroxyprogesterone tablet; 5 mg; 1 tablet once a day - Memantine tablet; 10 mg; 1 tablet twice a day - <p>Review of Resident #19's progress note dated 09/25/2024 at 12:24 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message for [name of family].</p> <p>Review of Resident #20's face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admission to the facility on [DATE] and he was readmitted to the facility on [DATE]. Resident was a full code and no allergies. His primary admission diagnosis of Bipolar and schizoaffective disorder (this is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs and out of touch with reality). Other diagnoses included lack of coordination, high blood pressure, dry eyes in both eyes and cataract, altered mental status, urgency incontinent and prostate disorder (is a condition of an enlarged prostate gland that can cause urination difficulty).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>, lumber region disc degeneration (back pain), intermittent explosive disorder (behavior disorder with outbursts), depressive episodes, disorder of the autonomic nervous system (dysfunction of nervous system that can affect heart rate, blood pressure, digestion and breathing), and idiopathic peripheral autonomic neuropathy (nerve damage with unknown cause).</p> <p>Review of Resident #20's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Acular (ketorolac) drops; 0.5 %; 1 drop twice a day at 9:00 AM and 8:00 PM [eye drops/eye pain] - Depakote (divalproex) tablet, delayed release (DR/EC); 500 mg; 1 tablet twice a day - Keppra (levetiracetam) tablet; 500 mg; 1 tablet once a day at 9:00 AM [anticonvulsant] - Tamsulosin capsule; 0.4 mg; 1 tablet twice a day - do not crush/do not open capsule, give 30 minutes after same meal each evening at 9:00 AM and 8:00 PM [prostate medicine] <p>Review of Resident #20's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Acular (ketorolac) drops; 0.5 %; 1 drop twice a day - Depakote (divalproex) tablet, delayed release (DR/EC); 500 mg; 1 tablet twice a day - Keppra (levetiracetam) tablet; 500 mg; 1 tablet once a day - Tamsulosin capsule; 0.4 mg; 1 tablet twice a day <p>Review of Resident #20's progress note dated 09/25/2024 at 12:48 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. [name], sister notified.</p> <p>Review of Resident #26's face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admitted [DATE] and readmitted [DATE]. Resident #26 was allergic to shellfish and iodine. His diagnosis included bipolar with schizoaffective disorder, Aftercare following joint replacement surgery, Unspecified dementia, mild, without behavioral disturbance, chronic pain syndrome, lower back pain, pain in right hip, pain in the left thigh Gastro-esophageal reflux disease with esophagitis (reflux with heart burn), and Auditory hallucinations (hearing things), ocular hypertension (elevated fluid pressure in the eyes), hypertension (high blood pressure, Corona virus, allergies, nasal congestion, and presence of neurostimulator (this is a device implanted in the body to generate electrical impulses to the nerves for pain relief).</p> <p>Review of Resident #26's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Baclofen tablet; 5 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM - Bzotropine tablet; 1 mg; 1 tablet once a day at 9:00 AM <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Lisinopril tablet; 5 mg; 1 tablet once a day - hold for SBP <100 or DBP <50 at 9:00 AM - Meloxicam tablet; 15 mg; 1 tablet once a day - take with snacks - at 9:00 AM - Metoprolol succinate tablet extended release 24 hr; 25 mg; 1 tablet once a day - do not crush. Hold if SBP <100, DBP <100, or HR <55 - at 9:00 AM - Pantoprazole tablet, delayed release (DR/EC); 40 mg; 1 tablet once a day - do not crush - at 9:00 AM [proton pump inhibitor/coats stomach] - Prozac (fluoxetine) capsule; 10 mg; 1 tablet once a day at 9:00 AM - Simethicone [OTC] tablet, chewable; 80 mg; 2 tablets 4 times a day at 9:00 AM, 3:00 PM, 5:00 PM, and 8:00 PM [settles stomach/gas relief] <p>Review of Resident #26's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Baclofen tablet; 5 mg; 1 tablet twice a day - Benzotropine tablet; 1 mg; 1 tablet once a day - Lisinopril tablet; 5 mg; 1 tablet once a day - Meloxicam tablet; 15 mg; 1 tablet once a day - Metoprolol succinate tablet extended release 24 hr; 25 mg; 1 tablet once a day - Pantoprazole tablet, delayed release (DR/EC); 40 mg; 1 tablet once a day - Prozac (fluoxetine) capsule; 10 mg; 1 tablet once a day - Simethicone [OTC] tablet, chewable; 80 mg; 2 tablets 4 times a day <p>Review of Resident #26 progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#26 or his RP and to the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #33 face sheet dated 09/25/2024, revealed a [AGE] year-old male with an initial admitted [DATE] and readmitted [DATE]. Resident #33 was a full code and had no allergies. His diagnoses were unspecified dementia, anemia (low red blood cells), high blood pressure, major depressive disorder, cognitive communication deficit (difficulty communicating), cerebral infraction (Stroke), right arm muscle wasting and muscle dying and constipation.</p> <p>Review of Resident #33's physician orders from 08/25/24 to 09/25/2024 revealed the resident received the following in the morning by 9:00 AM:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Amlodipine tablet; 5 mg; 1 tablet once a day - hold if systolic blood pressure is less than 100, diastolic blood pressure is less than 60, pulse is less than 60 - at 9:00 AM</p> <p>- Benazepril tablet; 20 mg; 1 tablet once a day - hold if systolic blood pressure is less than 100, diastolic blood pressure is less than 60, pulse is less than 60 - at 9:00 AM</p> <p>- Escitalopram oxalate tablet; 10 mg; 1 tablet once a day at 9:00 AM</p> <p>- Ferrous sulfate tablet; 325 mg (65 mg iron); 1 tablet 3 times a day - with meals, do not crush- at 9:00 AM, 2:00 PM, and 8:00 PM</p> <p>- Hydrochlorothiazide tablet; 25 mg; 1 tablet once a day at 9:00 AM</p> <p>Review of Resident #33's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Amlodipine tablet; 5 mg; 1 tablet once a day</p> <p>- Benazepril tablet; 20 mg; 1 tablet once a day</p> <p>- Escitalopram oxalate tablet; 10 mg; 1 tablet once a day</p> <p>- Ferrous sulfate tablet; 325 mg (65 mg iron); 1 tablet 3 times a day</p> <p>- Hydrochlorothiazide tablet; 25 mg; 1 tablet once a day</p> <p>Review of Resident #34's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#34's, or his RP, and the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #34's face sheet dated 09/25/2024, reflected an [AGE] year-old admitted to the facility on [DATE]. Resident #34 was a full Code and had no known allergies. Her diagnoses included dementia, high blood pressure, unspecified anxiety disorder, cataract chronic blindness, left hip fracture, aftercare following joint replacement surgery, constipations, moderate protein calorie malnutrition, and acute ischemic heart diseases (a condition in which there is insufficient blood flow to the heart)</p> <p>Review of Resident #34's physician orders from 08/25/24 to 09/25/2024 revealed the resident received the following in the morning by 9:00 AM:</p> <p>- Lactulose solution; 10 gram/15 mL; once a day at 9:00 AM</p> <p>- Lisinopril tablet; 10 mg; 1 tablet once a day - hold if systolic is less than 100 and diastolic less than 50 - at 9:00 AM</p> <p>- Lorazepam oral tablet; 0.5 mg; 1 tablet twice a day - may give 2 0.25 mg tabs equal to 0.5 mg until 0.5 mg tabs arrive - at 9:00 AM and 8:00 PM</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Sertraline tablet; 50 mg; 1 tablet once a day at 9:00 AM</p> <p>Review of Resident #34's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Lactulose solution; 10 gram/15 mL; once a day</p> <p>- Lisinopril tablet; 10 mg; 1 tablet once a day</p> <p>- Lorazepam oral tablet; 0.5 mg; 1 tablet twice a day</p> <p>- Sertraline tablet; 50 mg; 1 tablet once a day</p> <p>Review of Resident #34's progress note dated 09/25/2024 at 1:37 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message on voicemail.</p> <p>Review of Resident #40 face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admission to the facility on [DATE], and readmitted on [DATE]. Resident #40 was a full code and had no known drug allergies. His diagnose included Quadriplegia (this is paralysis that affects all four limbs due to spinal cord injury), kidney injury due to long term drug therapy, abdominal distention, urinary catheter, cramps and muscle spasm, Myocardial infraction (heart attack), high blood pressure, congestive heart failure, irritable bowel syndrome. Seizures, type 2 diabetic, heart burn, high blood pressure, vitamin D deficiency, and Cutaneous abscess of back (this is a pus-filled bump that develops in or below the skin).</p> <p>Review of Resident #40's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Clopidogrel tablet; 75 mg; 1 tablet once a day at 9:00 AM [blood thinner]</p> <p>- Farxiga (dapagliflozin propanediol) tablet; 10 mg; 1 tablet once a day at 9:00 AM [treats type 2 diabetes]</p> <p>- Metoprolol succinate tablet extended release 24 hr; 50 mg; 1 tablet once a day at 9:00 AM</p> <p>Review of Resident #40's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Clopidogrel tablet; 75 mg; 1 tablet once a day</p> <p>- Farxiga (dapagliflozin propanediol) tablet; 10 mg; 1 tablet once a day</p> <p>- Metoprolol succinate tablet extended release 24 hr; 50 mg; 1 tablet once a day</p> <p>Review of Resident #40's progress note dated 09/25/2024 at 12:46 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Resident is aware.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #42's face sheet dated 09/25/2024, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #42 was a Full Code. Her primary admission diagnosis was dementia. Other diagnoses were stroke, abnormal finding diagnostic imaging of liver and biliary tract, Vision problem and spatial (eye control) neglect following cerebral infarction, Muscle wasting and atrophy, pain in right knee, Dyskinesia of esophagus (a condition that causes abnormal involuntary movement in the esophagus) nausea with vomiting , Insomnia (trouble sleeping), high blood pressure, diastolic heart failure (bottom heart failure), high heart rate, overactive bladder, depression, and abnormalities with mobility and walking.</p> <p>Review of Resident #42's physician orders from 08/25/2024 to 09/25/24 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Amlodipine tablet; 10 mg; half a tablet once a day - hold if SBP is less than 110 or DBP is less than 60 at 9:00 AM - Duloxetine capsule, delayed release (DR/EC); 30 mg; 2 tablets once a day at 9:00 AM - Furosemide tablet; 40 mg; 1 tablet once a day at 8:00 AM [for fluid retention] - Omeprazole capsule, delayed release (DR/EC); 40 mg; 1 capsule once a day at 7:00 AM - do not crush - [treats nausea/heart burn/stomach] - Potassium chloride capsule, extended release; 10 mEq; 1 capsule once a day - give with 4-8 oz water, do not crush - at 9:00 AM <p>Review of Resident #42's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Amlodipine tablet; 10 mg; half a tablet once a day - Apply Lidocaine Patch to lower back once a day (to be administered at 7:00 AM) - Duloxetine capsule, delayed release (DR/EC); 30 mg; 2 tablets once a day - Furosemide tablet; 40 mg; 1 tablet once a day (to be administered at 8:00 AM) - Omeprazole capsule, delayed release (DR/EC); 40 mg; 1 capsule once a day (to be administered at 7:00 AM) - Potassium chloride capsule, extended release; 10 mEq; 1 capsule once a day <p>Review of Resident #42's progress note dated 09/25/2024 at 1:42 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Resident is aware that her meds were going to be late. Resident#42's progress notes for 09/06/2024 at 04:13 AM, by LVN G reflected, Resident experienced a 7.8% weight gain in 2 months. BIM 42.1. Resident did not consume any solids during 10 to 6 shifts.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #53 face sheet dated 09/25/2024, revealed a 75-year female admitted to the facility on [DATE]. Resident #53 was a full code with allergies to Penicillin. Her diagnoses included Vascular Dementia (this is brain damage that is caused by multiple strokes causes memory loss), anxiety, unspecified nausea and vomiting, thrombocytopenia (low platelet level), high blood pressure, pain in right hand, muscle wasting in right hand, trouble sleeping, altered mental status (confused), Ophthalmic Zoster with other complications (this is also known as shingles a viral that affects the eye causing eye ache. Redness, light sensitivity and eyelid swelling) and a history of breast cancer.</p> <p>Review of Resident #53's physician orders from 08/25/24 to 09/25/24 revealed the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Gabapentin capsule; 300 mg; 1 capsule 3 times a day at 7:00 AM, 2:00 PM, and 7:00 PM - Pred Forte (prednisolone acetate) drops, suspension; 1 %; 1 drop to 1 eye 4 times a day at 7:00 AM, 11:00 AM, 3:00 PM, and 7:00 PM [shingles eye medication] <p>Review of Resident #53's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/24:</p> <ul style="list-style-type: none"> - Gabapentin capsule; 300 mg; 1 capsule 3 times a day - Pred Forte (prednisolone acetate) drops, suspension; 1 %; 1 drop to 1 eye 4 times a day <p>Review of Resident #53's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#53 or her RP, and to the physician that her medications were administered late on 09/25/2024.</p> <p>Review of Resident #57's face sheet dated 09/25/2024, reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnose included Parkinson's diseases, dementia, limited mobility, high cholesterol, constipation, shortness of breath pneumonia, and sepsis.</p> <p>Review of Resident #57's physician orders from 08/25/24 to 09/25/24 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Zoloft (sertraline) tablet; 50 mg; 1 tablet once a day at 9:00 AM <p>Review of Resident #57's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/24:</p> <ul style="list-style-type: none"> - Zoloft (sertraline) tablet; 50 mg; 1 tablet once a day <p>Review of Resident #57's progress note dated 09/25/2024 at 12:54 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call his son no voice mail available.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #58's face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. He was a Full Code with no known drug allergies. Primary diagnoses were Alzheimer's disease with early on set, migraine, shortness of breath, seizures, metabolic encephalopathy, stomach ulcers, drug induced shakiness and tremors, alcohol abuse, Delusional disorders, bipolar disorder, current episode manic without psychotic features, Anxiety disorder, Retention of urine, urinary tract infection and unsteady on his feet.</p> <p>Review of Resident #58's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Donepezil tablet 10 mg, 1 tablet once a day at 9:00 AM [Alzheimer's disease medicine] - Fluoxetine capsule 20 mg, 1 tablet once a day at 9:00 AM [depression/anxiety medicine] - Risperidone 1 tablet; 1 mg once a day at 9:00 AM [schizophrenia, bipolar disorder, irritability medicine] <p>Review of Resident #58's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Donepezil tablet 10 mg, 1 tablet once a day - Fluoxetine capsule 20 mg, 1 tablet once a day - Risperidone 1 tablet; 1 mg once a day <p>Review of Resident #58's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#58 or his RP and to the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #65's face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #65 was a Full Code with drug allergies to atorvastatin. His diagnoses included traumatic brain injury, nicotine dependance, reduced mobility, major depressive disorder, high cholesterol, unspecified pain, reflux, adjustment diso</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview, and record review, facility failed to ensure the medication error rate was not 5 percent (5%) or greater for total number of errors, 27 of 177 opportunities for errors, resulting in an 15% medication error rate for 16 of 24 residents observed for medication pass (Resident #1, #4, #5, #14, #19, #20, #22, #26, #34, #40, #42, #53, #57 #58, #65, and #122) per observation on 09/25/2024.</p> <p>Facility failed to ensure Resident #1, #4, #5, #14, #19, #20, #22, #26, #34, #40, #42, #53, #57 #58, #65, and #122 were given medications at 9:00 AM in the morning and not administered after 11:00 AM on 09/25/24, which resulted in medication errors.</p> <p>These failures could place residents at risk for significant medication errors and jeopardize the resident health and safety.</p> <p>Finding included:</p> <p>Review of Resident #1's face sheet dated 09/25/2024 reflected a [AGE] year-old female who was admitted to the facility on [DATE]. She had allergy to Lisinopril. Her diagnoses included cerebral palsy (a congenital disorder of movement, muscle tone and posture), dental cavity, generalized idiopathic epilepsy and epileptic syndrome (this is a seizure disorder unknown what the triggers or causes are), major depressive disorder (a mental health disorder characterized by persistently depressed mood and loss of interest in activities), unspecified psychosis not due to substance abuse (this is a mental disorder characterized by a disconnection from reality), Heart failure, type 2 diabetes mellitus (uncontrolled blood sugar), high blood pressure, intellectual disability, cognitive communication difficulty, localized swelling mass and lump in upper limb, and diseases of the stomach and large intestine. Resident #1 was a DNR.</p> <p>Review of Resident #1's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Keppra (levetiracetam) solution; 100 mg/mL; 1 tablet twice a day at 9:00 AM and 8:00 PM [Seizure/epilepsy medicine] - Phenobarbital - Schedule IV elixir; 20 mg/5 mL (4 mg/mL); twice a day at 9:00 AM and 8:00 PM [Anti-seizure medicine] <p>Review of Resident #1's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Keppra (levetiracetam) solution; 100 mg/mL; 1 tablet twice a day - Phenobarbital - Schedule IV elixir; 20 mg/5 mL (4 mg/mL); twice a day <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1 progress note dated 09/25/2024 at 01:38 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call [name].</p> <p>Review of Resident #4's face sheet dated 09/25/2024, reflected an [AGE] year-old female with an initial admission to the facility on [DATE] and readmitted on [DATE] after hospitalization . Resident #4 was a full code. Her diagnoses included Parkinson's disease (a progressive nervous system disorder, which affects the ability to move muscles), abdominal distention (gaseous), mental disorder, anxiety disorder (this is a mental condition characterized by feeling worried, anxiety, or fear that is strong enough to interfere with one's daily activities), asthma (a group lung disease that block airflow and make it difficult to breath), nasal congestion, acute respiratory diseases, severe sepsis with septic shock (this is a life-threatening complication of an infection), uncontrolled blood sugar with ulcer, heart failure, urinary tract infection, cellulitis of right leg (a skin infection that causes inflammation, redness, and burning of skin), muscle loss and muscle wasting, diabetic neuropathy (nerve pain), cerebral infraction (stroke), constipation, restless leg syndrome (pain in legs that cause urge to leg movement), and gout (inflammation in joints caused by uric acid accumulation)</p> <p>Review of Resident #4's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Gabapentin tablet; 600 mg; 1 tablet 4 times a day at 9:00 AM, 1:00 PM, 5:00 PM, and 8:00 PM - Ropinirole tablet; 0.25 mg; 2 tablets twice a day at 9:00 AM and 8:00 PM [antiparkinsonian agent] <p>Review of Resident #4's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Gabapentin tablet; 600 mg; 1 tablet 4 times a day - Ropinirole tablet; 0.25 mg; 2 tablets twice a day <p>Review of Resident #4's progress note dated 09/25/2024 at 12:46 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. [name] was made aware.</p> <p>Review of Resident #5's face sheet dated 09/25/2024, reflected a [AGE] year-old female that was admitted to the facility on [DATE]. Resident#5 was admitted to skilled nursing facility with diagnoses that included type 2 diabetic mellitus with specified complication, depression, bilateral eye swelling with mild proliferative diabetic retinopathy (this is a diabetes complication involving abnormal growth of blood vessels in the eye/retina), contracture of muscles, pain, kidney failure, sepsis (this is a life-threatening complication of an infection), hyperlipidemia (high cholesterol), high blood pressure, and mild cognitive impairment. Resident #4 had allergies to penicillin and iopamisol [media contrast].</p> <p>Review of Resident #5's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Oxcarbazepine 1 tablet; 150 mg; twice a day at 9:00 AM and 8:00 PM [for controlling partial seizures]</p> <p>Review of Resident #5's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Oxcarbazepine 1 tablet; 150 mg; twice a day</p> <p>Review of Resident #5's progress note dated 09/25/2024 at 12:27 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call [name] no voicemail available.</p> <p>Review of Resident #14's face sheet dated 09/25/2024, reflected a [AGE] year-old female who was readmitted to the facility on [DATE] with an in initial admission of 02/16/16. Her diagnoses included Diffuse traumatic brain injury with loss of consciousness of unspecified duration (this is a type of brain injury with unconsciousness and no oxygen), Basal cell carcinoma of skin of nose (skin cancer on the nose), cerebral infarction (stroke), fracture of humerus, dementia mild behaviors (this is a brain disease that alters brain function causes cognitive decline), Encephalopathy (this is a brain disease that alters brain function or structure), dysphagia difficulty swallowing, oropharyngeal phase difficulty speaking), Tachycardia (elevated/fast heart beat), chest pain, Cerebral infarction due to thrombosis of unspecified middle cerebral artery (stroke cause by blockage in the artery), anxiety disorder, restlessness and agitation. Lack of coordination and Psychotic disorder with delusions due to known physiological condition.</p> <p>Review of Resident #14's physician orders from 08/25/2024 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Pramipexole tablet; 0.25 mg; 1 tablet twice a day at 8:00 AM and 8:00 PM [treats stiffness, tremors, muscle spasms, poor muscle control]</p> <p>- Xanax (alprazolam) - Schedule IV tablet; 0.5 mg; 1 tablet at 8:00 AM and 8:00 PM [treats anxiety and panic disorder]</p> <p>Review of Resident #14's MAR for September 2024 reflected the following morning medications were given late on 09/25/24:</p> <p>- Pramipexole tablet; 0.25 mg; 1 tablet twice a day (to be administered at 7:00 AM or 8:00 AM)</p> <p>- Xanax (alprazolam) - Schedule IV tablet; 0.5 mg; 1 tablet (to be administered at 8:00 AM)</p> <p>Review of Resident #14's progress note dated 09/25/2024 at 12:25 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message for [name].</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's face sheet dated 09/25/2024, reflected a [AGE] year-old male that was admitted to the facility on [DATE]. Resident #19's initial admission to the facility was 10/30/19. His diagnoses included a primary admission of Alzheimer's disease with late onset (this is a brain condition that progressively destroys memory and other important mental functions), Major depressive disorder, dementia with severity behavioral disturbance, Abnormal coagulation, diverticulitis of intestine(pus filled polyps in intestine), open wound on right knee, Unspecified infectious disease, Rheumatoid arthritis (joint pain and bone deformation), Pain in unspecified joint, Sexual dysfunction, Alcohol abuse with alcohol-induced mood disorder and Hepatic failure (liver failure).</p> <p>Review of Resident #19's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Divalproex tablet, delayed release (DR/EC); 250 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM [treats seizures, bipolar and migraines] - Tramadol - Schedule IV tablet; 50 mg; 1 tablet 3 times a day at 9:00 AM, 3:00 PM, and 7:00 PM [pain medicine] <p>Review of Resident #19's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Divalproex tablet, delayed release (DR/EC); 250 mg; 1 tablet twice a day - Tramadol - Schedule IV tablet; 50 mg; 1 tablet 3 times a day - <p>Review of Resident #19's progress note dated 09/25/2024 at 12:24 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message for [name of family].</p> <p>Review of Resident #20's face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admission to the facility on [DATE] and he was readmitted to the facility on [DATE]. Resident was a full code and no allergies. His primary admission diagnosis of Bipolar and schizoaffective disorder (this is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs and out of touch with reality). Other diagnoses included lack of coordination, high blood pressure, dry eyes in both eyes and cataract, altered mental status, urgency incontinent and prostate disorder (is a condition of an enlarged prostate gland that can cause urination difficulty).</p> <p>, lumber region disc degeneration (back pain), intermittent explosive disorder (behavior disorder with outbursts), depressive episodes, disorder of the autonomic nervous system (dysfunction of nervous system that can affect heart rate, blood pressure, digestion and breathing), and idiopathic peripheral autonomic neuropathy (nerve damage with unknown cause).</p> <p>Review of Resident #20's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Gabapentin tablet; 600 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Tramadol - Schedule IV tablet; 50 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM</p> <p>Review of Resident #20's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Gabapentin tablet; 600 mg; 1 tablet twice a day</p> <p>- Tramadol - Schedule IV tablet; 50 mg; 1 tablet twice a day</p> <p>Review of Resident #20's progress note dated 09/25/2024 at 12:48 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. [name], sister notified.</p> <p>Review of Resident #22 face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on with palliative care 09/17/2024. His diagnoses included Aspiration pneumonia due to inhalation of food and vomit, chronic obstructive pulmonary disease, multiple fractures of the ribs, muscle weakness and wasting, weight loss and Atherosclerotic heart disease of native coronary artery with unstable angina pectoris (heart blockages with chest pain).</p> <p>Review of Resident #22's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Stiolto Respimat (tiotropium-olodaterol) mist; 2.5-2.5 mcg/actuation; 2 puffs once a day at 9:00 AM [treats COPD]</p> <p>Review of Resident #22's MAR for September 2024 revealed the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Stiolto Respimat (tiotropium-olodaterol) mist; 2.5-2.5 mcg/actuation; 2 puffs once a day</p> <p>Review of Resident #22's progress note dated 09/25/2024 at 12:53 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. [name of company] made aware.</p> <p>Review of Resident #26's face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admitted [DATE] and readmitted [DATE]. Resident #26 was allergic to shellfish and iodine. His diagnosis included bipolar with schizoaffective disorder, Aftercare following joint replacement surgery, Unspecified dementia, mild, without behavioral disturbance, chronic pain syndrome, lower back pain, pain in right hip, pain in the left thigh Gastro-esophageal reflux disease with esophagitis (reflux with heart burn), and Auditory hallucinations (hearing things), ocular hypertension (elevated fluid pressure in the eyes), hypertension (high blood pressure, Corona virus, allergies, nasal congestion, and presence of neurostimulator (this is a device implanted in the body to generate electorcal impulses to the nerves for pain relief).</p> <p>Review of Resident #26's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Famotidine tablet; 20 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Gabapentin capsule; 300 mg; 1 capsule 3 times a day for 9:00 AM, 2:00 PM, and 8:00 PM</p> <p>- Hydrocodone-acetaminophen - Schedule II tablet; 10-325 mg; 1 tablet twice a day at 9:00 AM and 2:00 PM</p> <p>Review of Resident #26's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Famotidine tablet; 20 mg; 1 tablet twice a day</p> <p>- Gabapentin capsule; 300 mg; 1 capsule 3 times a day</p> <p>- Hydrocodone-acetaminophen - Schedule II tablet; 10-325 mg; 1 tablet twice a day</p> <p>Review of Resident #26 progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#26 or his RP and to the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #34's face sheet dated 09/25/2024, reflected an [AGE] year-old admitted to the facility on [DATE]. Resident #34 was a full Code and had no known allergies. Her diagnoses included dementia, high blood pressure, unspecified anxiety disorder, cataract chronic blindness, left hip fracture, aftercare following joint replacement surgery, constipations, moderate protein calorie malnutrition, and acute ischemic heart diseases (a condition in which there is insufficient blood flow to the heart)</p> <p>Review of Resident #34's physician orders from 08/25/24 to 09/25/2024 revealed the resident received the following in the morning by 9:00 AM:</p> <p>- Valproic acid (as sodium salt) solution; 250 mg/5 mL; twice a day at 9:00 AM and 8:00 PM</p> <p>Review of Resident #34's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Valproic acid (as sodium salt) solution; 250 mg/5 mL; twice a day</p> <p>Review of Resident #34's progress note dated 09/25/2024 at 1:37 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Left message on voicemail.</p> <p>Review of Resident #40 face sheet dated 09/25/2024, reflected a [AGE] year-old male with an initial admission to the facility on [DATE], and readmitted on [DATE]. Resident #40 was a full code and had no known drug allergies. His diagnose included Quadriplegia (this is paralysis that affects all four limbs due to spinal cord injury), kidney injury due to long term drug therapy, abdominal distention, urinary catheter, cramps and muscle spasm, Myocardial infraction (heart attack), high blood pressure, congestive heart failure, irritable bowel syndrome. Seizures, type 2 diabetic, heart burn, high blood pressure, vitamin D deficiency, and Cutaneous abscess of back (this is a pus-filled bump that develops in or below the skin).</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #40's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Glipizide tablet; 5 mg; half a tablet twice a day - give at least 30 minutes before meal - at 9:00 AM and 5:30 PM [treats type 2 diabetes] <p>Review of Resident #40's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Glipizide tablet; 5 mg; half a tablet twice a day <p>Review of Resident #40's progress note dated 09/25/2024 at 12:46 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Resident is aware.</p> <p>Review of Resident #42's face sheet dated 09/25/2024, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #42 was a Full Code. Her primary admission diagnosis was dementia. Other diagnoses were stroke, abnormal finding diagnostic imaging of liver and biliary tract, Vision problem and spatial (eye control) neglect following cerebral infarction, Muscle wasting and atrophy, pain in right knee, Dyskinesia of esophagus (a condition that causes abnormal involuntary movement in the esophagus) nausea with vomiting , Insomnia (trouble sleeping), high blood pressure, diastolic heart failure (bottom heart failure), high heart rate, overactive bladder, depression, and abnormalities with mobility and walking.</p> <p>Review of Resident #42's physician orders from 08/25/2024 to 09/25/24 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Carvedilol tablet; 3.125 mg; 2 tablets twice a day at 9:00 AM and 8:00 PM [treats heart failure] - Hydrocodone-acetaminophen - Schedule II 1 tablet; 10-325 mg; 3 times a day at 9:00 AM, 5:00 PM, and 1:00 AM [pain medicine] - Pregabalin - Schedule V capsule; 50 mg; 1 capsule 3 times a day at 9:00 AM, 2:00 PM, and 8:00 PM [treats nerve pain/pain] <p>Review of Resident #42's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <ul style="list-style-type: none"> - Carvedilol tablet; 3.125 mg; 2 tablets twice a day - Hydrocodone-acetaminophen - Schedule II 1 tablet; 10-325 mg; 3 times a day - Pregabalin - Schedule V capsule; 50 mg; 1 capsule 3 times a day <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #42's progress note dated 09/25/2024 at 1:42 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Resident is aware that her meds were going to be late. Resident#42's progress notes for 09/06/2024 at 04:13 AM, by LVN G reflected, Resident experienced a 7.8% weight gain in 2 months. BIM 42.1. Resident did not consume any solids during 10 to 6 shifts.</p> <p>Review of Resident #53 face sheet dated 09/25/2024, revealed a 75-year female admitted to the facility on [DATE]. Resident #53 was a full code with allergies to Penicillin. Her diagnoses included Vascular Dementia (this is brain damage that is caused by multiple strokes causes memory loss), anxiety, unspecified nausea and vomiting, thrombocytopenia (low platelet level), high blood pressure, pain in right hand, muscle wasting in right hand, trouble sleeping, altered mental status (confused), Ophthalmic Zoster with other complications (this is also known as shingles a viral that affects the eye causing eye ache. Redness, light sensitivity and eyelid swelling) and a history of breast cancer.</p> <p>Review of Resident #53's physician orders from 08/25/24 to 09/25/24 revealed the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Atenolol tablet; 50 mg; amt: 1; oral Special Instructions: Hold for SBP less than 110. DBP less than 60 or HR less than 60. 9:00 AM and 8:00 PM - Xanax (alprazolam) Schedule IV tablet; 0.5 mg; amount 1; oral Three Times A Day 9:00 AM, 3:00 PM, and 8:00 PM <p>Review of Resident #53's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/24:</p> <ul style="list-style-type: none"> - Atenolol tablet; 50 mg; 1 tablet twice a day - Xanax (alprazolam) - Schedule IV tablet; 0.5 mg; 1 tablet 3 times a day <p>Review of Resident #53's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#53 or her RP, and to the physician that her medications were administered late on 09/25/2024.</p> <p>Review of Resident #57's face sheet dated 09/25/2024, reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnose included Parkinson's diseases, dementia, limited mobility, high cholesterol, constipation, shortness of breath pneumonia, and sepsis.</p> <p>Review of Resident #57's physician orders from 08/25/24 to 09/25/24 reflected the resident received the following in the morning by 9:00 AM:</p> <ul style="list-style-type: none"> - Sinemet (carbidopa-levodopa) tablet; 25-100 mg; 1 capsule 3 times a day at 9:00 AM, 2:00 PM, and 8:00 PM <p>Review of Resident #57's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/24:</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Sinemet (carbidopa-levodopa) tablet; 25-100 mg; 1 capsule 3 times a day</p> <p>Review of Resident #57's progress note dated 09/25/2024 at 12:54 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Attempted to call his son no voice mail available.</p> <p>Review of Resident #58's face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. He was a Full Code with no known drug allergies. Primary diagnoses were Alzheimer's disease with early on set, migraine, shortness of breath, seizures, metabolic encephalopathy, stomach ulcers, drug induced shakiness and tremors, alcohol abuse, Delusional disorders, bipolar disorder, current episode manic without psychotic features, Anxiety disorder, Retention of urine, urinary tract infection and unsteady on his feet.</p> <p>Review of Resident #58's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Memantine tablet 10 mg, 1 tablet twice a day at 9:00 AM and 10:00 PM [Alzheimer's disease/cognitive medicine]</p> <p>Review of Resident #58's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Memantine tablet 10 mg, 1 tablet twice a day</p> <p>Review of Resident #58's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#58 or his RP and to the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #65's face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #65 was a Full Code with drug allergies to atorvastatin. His diagnoses included traumatic brain injury, nicotine dependance, reduced mobility, major depressive disorder, high cholesterol, unspecified pain, reflux, adjustment disorder with anxiety and depression, high blood pressure, and vision problems.</p> <p>Review of Resident #65's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following in the morning by 9:00 AM:</p> <p>- Eliquis (apixaban) tablet; 5 mg; 1 tablet twice a day at 9:00 AM and 8:00 PM [blood thinner]</p> <p>- Propranolol tablet; 20 mg; 1 tablet 3 times a day HOLD if SBP <100. DBP <60 HR <55 at 9:00 AM, 2:00 PM, and 8:00 PM</p> <p>Review of Resident #65's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/24:</p> <p>- Eliquis (apixaban) tablet; 5 mg; 1 tablet twice a day</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Propranolol tablet; 20 mg; 1 tablet 3 times a day</p> <p>Review of Resident #65's progress notes on 09/25/2024 did not reflect a medication note and it did not reflect notification to Resident#65's or his RP and to the physician that his medications were administered late on 09/25/2024.</p> <p>Review of Resident #122's face sheet dated 09/25/2024, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #122 was admitted to hospice care on 09/21/24. His diagnosis were Huntington's diseases (this is an inherited condition in which nerve cells in the brain break down over time), pressure ulcer to sacral region, contracture of muscles, muscle wasting and atrophy, hydrocephalus (this brain condition of fluid build-up in the brain), allergic rhinitis, constipation, seizure disorder and calorie malnutrition.</p> <p>Review of Resident #122's physician orders from 08/25/24 to 09/25/2024 reflected the resident received the following by 9:00 AM:</p> <p>- Baclofen tablet; 10 mg; 1 tablet 3 times a day at 9:00 AM, 3:00 PM, and 9:00 PM</p> <p>Review of Resident #122's MAR for September 2024 reflected the following morning medications were given late (to be given at 9:00 AM in the morning and was administered after 11:00 AM per observation) on 09/25/2024:</p> <p>- Baclofen tablet; 10 mg; 1 tablet 3 times a day</p> <p>Review of Resident #122 progress note dated 09/25/2024 at 12:48 PM, reflected entry by DON Med pass late today. [physician name] was notified. Stated OK. Called [name of RP] for notification.</p> <p>In an interview with CMA B on 09/25/2024 at 7:14 AM during medication administration observation, she stated she was the only medication aide on shift that day. She stated the nurses would have to help her to complete the other hallways until a replacement med aide came in. She stated the med aide that was scheduled to work did not come in to work on the 300 and 400 hallways.</p> <p>Observation and interview with Resident #20 on 09/25/2024 at 11:04 AM, Resident #20 appeared upset and he stated he had not had his morning medication, and he had been waiting for a while. He stated he had asked the ADON, and she informed him they would get his medication as soon as possible. He stated he had even played Bingo and still no morning medicine. Resident #20 stated he was not hurting just concerned and not happy that it was almost lunch time and he had not gotten his morning medications.</p> <p>Observation and interview with Resident #5 on 09/25/2024 at 11:08 AM, in the dining room, Resident #5 appeared unhappy and she stated she had only gotten one pill of Tylenol this morning and was waiting for her other Tylenol pill for her wrist. Resident #5 stated she reported to CNA F.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview with CNA F on 09/25/2024 at 11:27 AM, revealed CNA F was in the main dining room getting blood pressure on residents. CNA F stated she had been given a list by the ADON for residents that required blood pressure to be checked. On the list were Resident#1, #4, #5, #12, #14, #19, #26, #33, #34, #40, #42 #53, and #65, CNA F was observed with a cast on her left hand which she stated was difficult to work with one hand. CNA F took Resident #12's blood pressure. Resident #12's reading was 220/105 with a pulse of 73. CNA F then moves on to Resident #20 and placed the BP cuff on him, The BP cuff stopped working so CNA F removed it and got another one. BP reading for Resident 20 was 148/81 with pulse 65. CNA F then checked Resident #5 her BP, her reading was 133/68, pulse 74. CNA F checked placed BP cuff on Resident #34. BP cuff stopped working and DON asked CNA F to get another BP cuff in her office. Resident #34's BP reading was 127/63, pulse 64. CNA F stated she had no training on obtaining blood pressure, she stated she had training for infection control. She stated she had been working at the facility for 3 weeks as a transport aide. She stated the last training she got for obtaining vitals was [AGE] years ago while she was in CNA school. She stated it was not in her current job description to check residents BP's. She stated if she said anything they would say am complaining and not doing my job.</p> <p>Observation and interview with ADON on 09/25/2024 at 11:44 AM, the ADON was observed passing medications in the area between dining room and 400 hallways. ADON stated the medication Aide who was scheduled to work hallway 300 and hallway 400 called in. She stated she was passing the morning medications for the residents in hallway 400, and she asked CNA F to assist her with vitals so that she could finish the morning med pass. She stated she rechecked Resident #12's blood pressure and it was within normal range. She stated she checks her own BPs before medication administration. She stated the expectation was that CNA's would report issues to nurses and nurses would report to her, DON and the Physician. She stated CNA F signed upon hire that she was qualified to do vitals.</p> <p>Observation and interview with Resident # 26 on 09/25/2024 at 11:55 AM, a CNA was observed bringing a tray for Resident #26 into his room. Resident #26 refused the lunch tray as it was delivered to his room. He stated his stomach was upset and he had nausea. He stated he usually took his anti-nausea pill but this morning, he did not get the stomach medication before eating breakfast and he still had not received his morning medications. He sated he was not happy because he could not eat due to nausea, and they had served his favorite food enchilada. Resident #26 stated if he does not take his anti-nausea medication, he gets (he made a swirling motion with finger) dizzy. Resident #26 asked if anyone was passing medications.</p> <p>In an interview and observation with Resident #40 on 09/25/2024 at 11:55 AM, who refused his lunch tray. He stated his stomach was upset. Resident #40 stated his stomach issue was not related to not getting his medication. He stated however, he had not received his morning medication today.</p> <p>In an interview with Resident #12 on 09/25/2024 at 11:59 AM, who stated she had gotten her pain medication but had not gotten her other medications. She stated she was waiting for the physician to see her regarding her Urinary tract infection. She stated she was not happy with not getting her medication on time.</p> <p>Observation in hallway four hundred on 09/25/2024 at 12:17 PM, revealed ADON and CMA B passing morning medications.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with ADON on 09/25/2024 at 3:35 PM, who stated she oversaw staffing for the nursing department, and she was aware that one of the medication aides did not show up for her shift. The MA was to cover the 400-hallway medication administration beginning at 7:00 AM. She stated she was made aware of problem at 7:30 AM. She sated the policy of the facility was when a Nurse or MA does not come in for a shift, was to reach out to staff members to see who can come in to replace that position. She stated the facility calls the agency they contract with and if there is no one else who can come, she feels in and gives the medications. She stated the facility contacted the Physician to inform him that the medications were 2 hours late. The ADON mentioned that the medications can be given an hour before and an hour after. ADON stated residents who did not get their blood pressure medication on time and received the medication late, their blood pressure medication was held at noon and the reside[TRUNCATED]</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35489</p> <p>Based on observation, interview, and record review, the facility failed to provide food that was palatable for one of one regular diet test trays reviewed for food and nutrition services.</p> <p>The facility failed to properly cook rice, serving rice which had hard, uncooked bits.</p> <p>This failure could affect the residents who are provided daily meals by the facility, by placing them at risk for not enjoying meals, and weight loss.</p> <p>Findings included:</p> <p>In an anonymous group interview on 09/25/24 at 10:30 AM, residents complained that the food at the facility was not good. They said there had been some improvement under the new dietary manager and the facility had to buy the food in bulk from a company. The acknowledged it was not ever going to be the same as home cooking, but they felt the food was not cooked properly. They said they really wished there was something that could be done about the quality of the food. One resident said that the vegetables were so overcooked they were just mush and they were sick of being served that repeatedly. Another resident said the food often just isn't cooked right and they had to ask for sandwiches and things or just not eat that meal.</p> <p>An observation on 09/25/24 at 12:06 PM revealed the regular diet test tray, which was sampled by two surveyors, included rice that was not cooked fully, and had hard bits throughout.</p> <p>An interview and observation on 09/25/24 at 12:24 PM with the Dietary Manager revealed he tasted the rice from the test tray, and said it was undercooked. He said the cook tasted things before serving them, and he had not tasted this rice. He said he did not know why it was undercooked.</p> <p>An interview and observation on 09/25/24 at 12:27 PM with [NAME] A revealed she tasted the rice from the test tray, and said the rice needed to be cooked more. She said it was one of the first things she put in the steamer, and the last she pulled out, three minutes before serving, hoping it was done. She said she tried it in the kitchen, and the top layer seemed too done and she did not try the middle layer.</p> <p>An interview on 09/26/24 at 8:31 AM with Residents #12 and #72 revealed that they had not eaten much of the rice served at lunch on 09/25/24. Resident #12 said she was not a big fan of rice unless it was in other foods, but that rice was kind of hard so she just tasted it, but did not eat it. Resident #72 said she liked rice, but she tried that rice, and did not think it was cooked all the way, so she also just tried it, and did not eat it.</p> <p>An interview on 09/26/24 at 4:48 PM with the DON revealed the food needed to be palatable, so people would eat, and not lose weight.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 09/26/24 at 5:56 PM with the Dietary Manager revealed his expectations were that if the food was not cooked properly, they would have to tell the residents the meal would be a little late, so they could correct it. He said he expected the residents to have good, hot, palatable food. He said they wanted happy residents, and when he started, there were a lot of complaints, but they had slowed down a lot. The Dietary Manager said he had been working hard at training and re-training staff, some of whom were left with bad habits from the previous Dietary Manager not being as actively involved in the food preparation process as he was. He said it was important to meet resident preferences and serve them good food that they liked to eat. He said that being in a nursing facility meant a loss of control for a lot of people, and sometimes their food was the only thing they could control, and one of the only things they had to look forward to, so it was important to him to facilitate the residents having as much control over it as he could. He said [NAME] A had been very nervous and preoccupied with some other things.</p> <p>An interview on 09/26/24 at 5:56 PM with the Administrator revealed her expectation was that the cook would serve food they would eat themselves. She said the risk of the food not being cooked properly was ultimately that of weight loss. She said their weight variance had gotten smaller each week, so she felt they were headed in the right direction.</p> <p>Review of the facility policy for Food and Nutrition Services, revised, October 2017, reflected: Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident .7. Food and nutrition services staff will inspect food trays to ensure . the food appears palatable and attractive . a. If an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the food service manager so that a new food tray can be issued.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35489</p> <p>Based on observation, interview, and record review, the facility failed to provide food that accommodated resident's preferences for one (Resident #40) of five residents reviewed for food and nutrition services.</p> <p>The facility failed to provide Resident #40 with his preferred food when they failed to provide toast for his breakfast, and provided pancakes instead.</p> <p>This failure could affect the residents who are provided daily meals by the facility, by placing them at risk for not enjoying meals, and weight loss.</p> <p>Findings included:</p> <p>Resident #40:</p> <p>Review of Resident #40's admission record, dated 09/25/24, reflected a [AGE] year-old male with an initial admission to the facility on [DATE], and readmitted on [DATE]. Resident #40 had diagnoses of Quadriplegia (paralysis that affects all four limbs due to spinal cord injury), kidney injury due to long term drug therapy, abdominal distention, urinary catheter, cramps and muscle spasm, Myocardial infraction (heart attack), high blood pressure, congestive heart failure, irritable bowel syndrome. Seizures, type 2 diabetic, heartburn, high blood pressure, vitamin D deficiency, anorexia (severe calorie restriction), unspecified dementia, and dysphagia (trouble swallowing).</p> <p>Review of Resident #40's quarterly MDS assessment, dated 09/06/24, reflected he was understood by others, and usually able to understand others. He had a BIMS score of 11, indicating moderate cognitive impairment. He had verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) on one to three days of a seven-day lookback period. He required partial to moderate assistance (helper does less than half the effort) with eating and oral hygiene, but was fully dependent on staff for dressing, personal hygiene, and transfers. Resident #40 received 26-50% of his total calories through parenteral or tube feeding. He did not have significant weight loss or gain.</p> <p>Review of Resident #40's care plans reflected:</p> <ul style="list-style-type: none"> - A care plan dated 08/19/24, related to Resident #40 exercising his right to refuse to be weighed. - A care plan dated 04/13/24 related to Resident #40 liking to eat a lot of snacks provided by his family. <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- A care plan dated 04/03/24 related to Resident #40 being at risk for nutritional impairment, and having a 15.1% weight loss in 30 days, 26.6% in 90 days, and 24.2% in 120 days. The goal Resident wishes and desires for nutritional needs will be honored daily without documented weight loss. The interventions included encourage resident to notify dietary staff of any changes in dietary desires/ needs and Ensure likes and dislikes are recorded and reviewed at least quarterly and prn,, and Regular LCS, CCHO, thin liquids.</p> <p>- A care plan dated 08/17/23 related to Resident #40's non-compliance with weights, with an intervention of encouraging him to weigh monthly.</p> <p>An interview and observation on 09/24/24 at 11:06 AM revealed Resident #40 in his bed, awake and alert. He said he hated the food at the facility, and sometimes he was OK, but most of the time he did not like it. He said he was unable to eat much, and when he did not like the food, he just did not eat. He said that the kitchen didn't pay attention to the meal tickets, and they just brought whatever they wanted. He said he would ask for half a baked potato, and they would bring him broccoli and cauliflower, which he hated.</p> <p>An interview and observation on 09/25/24 at 7:47 AM revealed Resident #40 lying in bed, with his food tray in front of him. He had two over-easy eggs, 2 sausage patties, and 2 pancakes. Resident #40 stated he had been in the facility for 4 years and still nobody had fixed that he did not like pancakes. Review of Resident #40s tray ticket at this time reflected Notes: 2 fried eggs, 2 sausage, 2 toast, large portion eggs only, picante sauce pkg daily~~ slice of bread with meals. Dislikes: Cinnamon Roll; Cinnamon Roll; Oatmeal.</p> <p>An interview and observation on 09/25/24 at 7:53 AM revealed the Dietary Manager delivered toast to the resident's room. He stated that was the first time he had heard Resident #40 did not like pancakes, and moving forward they would not put pancakes on his plate. He stated that the cook was responsible for looking at tickets to make sure the right food was on the plates, and he was responsible for making sure that all the meals ordered were correct.</p> <p>In an anonymous group interview on 09/25/24 at 10:30 AM, two residents complained about the meal tickets not matching their meals. One resident said they had an intolerance for a food, and their ticket said they were not to receive it, and they recently brought that food on their tray. They said they were able to identify it and avoid it, but some of the people who lived there would not be able to, and might have eaten something that could make them sick. Another resident said there was a food they hated, and it was on their breakfast plate all the time, even though the meal ticket said they were not supposed to get it. Another resident said they thought maybe the cook could not read very well, and said the tickets often did not match the meals.</p> <p>An interview on 09/26/24 at 4:26 PM with the ADON revealed when residents expressed a food preference after their admission, the nurses had access to a dietary communication form, which they filled out and gave to dietary staff, so the Dietary Manager could add it to the resident's dietary preferences. She said the Dietary Manager met with residents when they admitted and talked to them about their preferences, and they were also reviewed during the care planning process. She said it was important for the resident food preferences to be honored, because it was their right. She said the facility was their home, and they should not be served food they did not like. She said the staff wanted them to eat, and not lose weight.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 09/26/24 at 4:48 PM with the DON revealed the importance of honoring food preferences was that if they did not like the food, they may not eat as much. She said the Dietary Manager had been working on a lot of things since he started recently, and he was good about going to talk with the residents about food when they were admitted , to find out what they liked and did not like. She said they also did a food preference observation when the residents were admitted , and had a meeting about the residents every Thursday, when they talked about weight loss. After that meeting, the Dietary Manager would go talk with the resident to see if there was something they could get them that they were not already giving them, and she felt they went out of their way to get things for residents, within reason. She said Resident #40 was challenging, and the Dietary Manager in the past had been going to his room every day to ask what he wanted to eat that day.</p> <p>An interview on 09/26/24 at 5:56 PM with the Dietary Manager revealed he had been in his position for about three months, and had been working on changes to accommodate the resident food preferences. He said he watched to see what came back on the plates, and made changes so they could find things people liked. He said he knew Resident #40 wanted toast, and he might have said he told someone 100 times he did not want pancakes, but this was the first he heard about it. He said they did not serve pancakes often, and when they did, they typically did not provide toast and pancakes, but he would make sure Resident #40 got toast with every meal, and had already changed his ticket to reflect that. He said they wanted happy residents, and when he started, there were a lot of complaints, but they had slowed down a lot. He said it was important to meet their preferences, and not serve foods they were allergic to. He said he was working with the staff on paying close attention to the tickets, and was planning to institute a new way of serving that would have them double-checking what was put on the trays. He said that being in a nursing facility meant a loss of control for a lot of people, and sometimes their food was the only thing they could control and one of the only things they had to look forward to, so it was important to him to facilitate the residents having as much control over it as he could.</p> <p>An interview on 09/26/24 at 5:56 PM with the Administrator revealed her expectation was that the cook would serve food they would eat themselves. She said the risk of not honoring resident preferences was ultimately that of weight loss. She said their weight variance had gotten smaller each week, so she felt they were headed in the right direction.</p> <p>Review of the facility policy for Food and Nutrition Services, revised, October 2017, reflected: Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.; Policy Interpretation and Implementation: 1. The multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization. 2. A resident-centered diet and nutrition plan will be based on this assessment.4. Reasonable efforts will be made to accommodate resident choices and preferences.[.] 7. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident .a. If an incorrect meal is provided to a resident, ., nursing staff will report it to the food service manager so that a new food tray can be issued.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections for all residents in the memory care unit and for 4 residents on the 300 hallways (Residents #5, #12, #20, #34 and #38) reviewed for infection control.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure LVN H, CNA I, and CNA J performed hand hygiene while passing trays and setting up meals for all residents in the memory care unit on 09/24/2024. 2. The facility failed to ensure LVN H and CNA I performed hand hygiene before and after helping Resident #38 eat her lunch in the dining room on 09/24/2024. 3. The facility failed to ensure CNA F performed hand hygiene and sanitized the blood pressure cuff in between resident use on Residents #5, #12, #20, and #34 on 09/25/2024. <p>These failures could place residents at risk of infectious diseases and cross contamination.</p> <p>Findings included:</p> <p>Record review of Resident #38's face sheet dated 09/26/2024 revealed she was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a person with memory loss, difficulty with daily tasks, poor judgement, difficulty communicating, loss of independence) , Depression, unspecified (a person exhibits a persistent feelings of sadness, hopelessness, or emptiness) , Anorexia (an eating disorder causing people to obsess about weight and what they eat).</p> <p>Observation in the memory care unit 09/24/2024 from 11:13 AM to 11:45 AM, revealed three direct care staff pushed residents from their rooms and from different areas of the unit into the dining room. CNA J was observed, after pushing residents into dining area, not performing hand hygiene before starting to serve trays, and she did not sanitize her hands before or after setting up different residents' trays. CNA J did not wash or sanitize her hands after picking up trash off the floor before serving residents' trays. LVN H was observed washing her hands after medication administration. She started serving trays but did not sanitize her hands before and after feeding Resident #38 and before assisting other residents with meal set up and opening their drinks. CNA I did not perform hand hygiene before starting to serve residents' trays and in between different residents food set ups. CNA I was observed putting both her hands inside the back of her scrub pants to adjust herself. CNA I did not wash her hands and did not perform hand hygiene before touching the food cart containing residents' lunch trays that were being served. CNA I was about to touch a resident's tray to serve when surveyor intervened. CNA I was observed feeding Resident #38, and she did not perform hand hygiene after carrying a chair with her bare hands before restarting to feed Resident #38.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with CNA J on 09/24/2024 at 11:45 AM, she stated she forgot to perform hand hygiene before serving residents' trays and in between residents' tray set up. She stated she picked up the plastic wrap off the floor and did not think to sanitize her hands before resuming to serve the trays. She stated not performing hand hygiene could contaminate residents' trays and food and was a risk for infection.</p> <p>In an interview with CNA I on 09/24/2024 at 12:01 PM, she stated LVN H asked her to take over assisting Resident #38 eat. She stated she remembered her training to sit down while feeding the resident and she went and got a chair so that she could sit down next to Resident #38. She stated she did not think to sanitize her hands before resuming to help Resident #38 eat. CNA I stated she was so ashamed of herself that she would forget that she was in the dining room to adjust her clothing in such a manner. She stated she should have thought and gone to wash her hands without being told. She stated she was nervous. She stated the risk to the residents for not washing her hands was contamination and not following hand hygiene practice was a risk for infection.</p> <p>In an interview with LVN H on 09/24/2024 at 12:31 PM, she stated she was responsible to oversee that the CNAs were performing hand hygiene while in the memory care. She stated she forgot to perform hand hygiene as well. She stated the ADON did an in service with the nursing staff last month. She stated not performing hand hygiene was a risk for spreading infection and contamination.</p> <p>Review of Resident #5's face sheet dated 09/25/2024, revealed a [AGE] year-old female that was admitted to the facility on [DATE]. Resident#5 was admitted to skilled nursing facility with diagnoses that included type 2 diabetic mellitus with specified complication, depression, bilateral eye swelling with mild proliferative diabetic retinopathy (this is a diabetes complication involving abnormal growth of blood vessels in the eye/retina), contracture of muscles, pain, kidney failure, sepsis (this is a life-threatening complication of an infection), hyperlipidemia (high cholesterol), high blood pressure, and mild cognitive impairment. Resident #4 had allergies to penicillin and media contrast.</p> <p>Review of Resident #12's face sheet dated 09/25/2024, revealed an [AGE] year-old female admitted to the facility on [DATE]. Resident #12 was readmitted to the facility on [DATE]. Resident #12 was a full code with allergies to medications Angiotensin Converting Enzyme inhibitors and linezolid. Resident #12's diagnoses included chronic obstructive pulmonary disease with acute respiratory infection as her primary admission diagnoses (a group lung disease that block airflow and make it difficult to breath), shortness of breath, urinary tract infection, painful urination, candidiasis pneumonia (fungal infection), asthma, major depression disorder, high blood pressure, hypertensive chronic kidney diseases with stage 1 through stage 4 chronic kidney diseases (this is a condition in which high blood pressure damages the kidneys), Acquired absence of right leg above knee, dehydration, gastro-esophageal reflux disease without esophagitis (reflux without heart burn), atrial fibrillation (an irregular heart rhythm), and Vitamin D deficiency.</p> <p>Review of Resident #20's face sheet dated 09/25/2024, revealed a [AGE] year-old male with an initial admission to the facility on [DATE] and he was readmitted to the facility on [DATE]. Resident was a full code and had no allergies. His primary admission diagnosis of Bipolar and schizoaffective disorder (this is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs and out of touch with reality). Other diagnoses included lack of coordination, high blood pressure, dry eyes in both eyes and cataract, altered mental status, urgency incontinent and prostate disorder (is a condition of an enlarged prostate gland that can cause urination difficulty).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>, lumber region disc degeneration (back pain), intermittent explosive disorder (behavior disorder with outbursts), depressive episodes, disorder of the autonomic nervous system (dysfunction of nervous system that can affect heart rate, blood pressure, digestion and breathing), and idiopathic peripheral autonomic neuropathy (nerve damage with unknown cause).</p> <p>Review of Resident #34's face sheet dated 09/25/2024, revealed an [AGE] year-old admitted to the facility on [DATE]. Resident #34 was a full code and had no known allergies. Her diagnoses included dementia, high blood pressure, unspecified anxiety disorder, cataract chronic blindness, left hip fracture, aftercare following joint replacement surgery, constipations, moderate protein calorie malnutrition, and acute ischemic heart diseases (a condition in which there is insufficient blood flow to the heart)</p> <p>Observation and interview with CNA F on 09/25/2024 at 11:27 AM, CNA F was in the main dining room getting blood pressures (BP) on residents with a wrist BP cuff. CNA F did not sanitize her hands prior to starting vitals on Resident #12. She picked up the BP off the table and placed it on Resident #12's wrist to check her blood pressure. Resident #12's reading was 220/105 with a pulse of 73. CNA F asked surveyor for a pen and recorded Resident#12's reading on a piece of paper. CNA F did not sanitize the BP cuff, and she did not perform hand hygiene before placing the soiled BP cuff on Resident #20. The BP cuff stopped working so CNA F removed it and got another one that was sitting on the medication cart. CNA F did not sanitize the BP cuff before placing it on Resident #20. The BP reading for Resident 20 was 148/81 with pulse 65. CNA F recorded the reading on a piece of paper. No hand hygiene was performed. CNA F then removed the BP cuff and placed the soiled BP cuff on Resident #5. Resident #5 her BP, her reading was 133/68, pulse 74. CNA F recorded the reading on a piece of paper. CNA F did not perform hand hygiene, and she did not sanitize the BP cuff before placing the soiled BP cuff on Resident #34. The soiled BP cuff stopped working while checking Resident #34's BP. The DON came into the dining area and asked CNA F to get another BP cuff in her office. Resident #34's BP reading on the new BP machine was 127/63, pulse 64. CNA F stated she had no training on obtaining blood pressure. She stated the last training she got for obtaining vitals was [AGE] years ago while she was in CNA school. She stated it was not in her current job description to check residents' BPs. She stated it was difficult to wash her hands or to perform hand hygiene due to the large cast band aide on her left hand for her broken finger. She stated she could see how not sanitizing the BP cuff and not performing hand hygiene can cause a risk for spreading infection.</p> <p>In an interview with the ADON on 09/25/2024 at 4:08 PM, she stated she was the infection control preventionist since July and she did in-services for new hires and periodically, or when they had something going on in the facility. She stated CNA F completed her skills check off for obtaining vitals and for hand hygiene. She stated obtaining vitals was in her scope of practice as a CNA. The ADON stated the expectation was that all equipment was cleaned in between resident-use because it was contaminated from use on another person. The ADON stated all staff should perform hand hygiene before passing residents' trays and in-between passing residents' trays. She stated hand hygiene practices were required for all staff. She stated she was responsible for infection control in-services, and nurses were responsible for overseeing that CNAs were following infection control practices such as hand hygiene. She stated all staff had completed hand hygiene and infection control. The ADON stated CNA I should have washed her hands with soap and water immediately after putting her hands inside her pants. She stated that it was unacceptable behavior and could spread contagious germs. She stated CNA I's hands were dirty and nasty. She stated not following standard hand hygiene practices and not cleaning equipment in between resident-use was a risk for spreading infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the DON on 09/26/2024 at 05:19 PM, she stated she expected all staff members to perform hand hygiene while passing trays and to perform hand hygiene before, in-between, and after resident's care. She stated she expected all staff to follow facility policy for infection control. She stated the risk to the residents was spread of infection and contamination.</p> <p>In an interview with the Administrator on 09/26/2024 at 05:25 PM, she stated she expected all staff to follow the facility's policy for infection control. The risk for not following infection control practices was spread of infection.</p> <p>Review of facility in-service training used for all new hires and as needed, titled Standard Precautions Hand Washing and Glove use reflected all employees were expected to practice standard precautions to reduce the risk of transmitting infections and the likelihood of exposure and contamination of self from bacteria while in the facility .Employees must wash their hands intermittently after gloves are removed, between residents contact, and when indicated to avoid transfer of microorganisms to other residents and environment .</p> <p>In-service completed by LVN H 03/18/2024.</p> <p>In-service completed by CNA J on 08/08/2024.</p> <p>In-service completed by CNA I on 08/29/2024.</p> <p>In-service completed by CNA F on 08/30/2024.</p> <p>Review of the facility's policy revision date September, 2022, titled Standard Precautions revealed .Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status .hand hygiene is performed with soap (anti-microbial or non-antimicrobial) or alcohol-based hand rub before and after contact with the resident .Resident-Care Equipment: reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>44894</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to keep the facility free of pests for two of four halls and the food preparation area in the facility's only kitchen reviewed for physical environment.</p> <p>1) The facility failed to effectively treat for the flies on hall 200 and hall 300.</p> <p>2) The facility failed to implement preventative measures in the kitchen to prevent flies.</p> <p>These failures could place residents at risk for the potential spread of infection, cross-contamination, food-borne illness, and decreased quality of life.</p> <p>Findings included:</p> <p>Observation and interview with Resident #10 on 09/24/2024 at 09:25 AM, revealed upon entry to Resident #10's room, flies are observed flying around in her room. Resident #10 stated she was sick and tired of the flies in her room. Resident #10 stated she had a family member to buy a fly swatter. She stated the flies were just a pest and all over her drink. 4 large flies are observed in her room with one on her pink hydration cup. She stated they drive me nuts as she moved her hand to chase the fly off her hydration cup to take a sip of her water.</p> <p>Interview with Resident #2 on 09/24/2024 at 09:36 AM, (who was roommates with Resident #10), revealed 4 flies in her room. Resident #2 stated the flies were bad and she was constantly (made a hand motion of back and forth) trying to chase them off her food. She stated the flies were especially annoying during mealtime. Resident #2 stated the flies were bad yesterday. She stated she could not remember who she reported to, but she and her roommate had complained to everybody about the flies in their room. She stated anyone can see them when they enter their room. She stated, they drive us crazy.</p> <p>Observation and interview with Resident #6 on 09/24/2024 at 03:08 PM, revealed upon entry to Resident #6's room, she had 3 flies seated on her white bedsheet on top of her legs. Resident #6 stated she had a lot of flies in her room and that was why she always asked the staff to cover her legs. She stated the flies are a nonsense to her. She stated she complained to the staff all the time.</p> <p>Interviews on 09/24/2024 at 9:51 AM, during rounds on Hall 200, revealed Resident #24 and Resident #50 both complained of flies in the room daily. Both expressed their frustrations with having to fight off the flies. Resident #24 and Resident #50 have informed the Maintenance Director about the flies. No flies were observed at that time.</p> <p>Observations on Hall 3 on 09/24/2024 at 10:47 AM, revealed a fly around Resident #23 and her walker as she was ambulating in the hallway. The fly kept touching down on Resident #3's walker. Resident #23 did not notice the fly. No flies observed in other areas on Hall 3. Hall 3 is the facility's secured memory care unit.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Old Brandon Rd Hillsboro, TX 76645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation in the kitchen on 09/25/2024 at 11:15 AM revealed 7 flies on a table near the stove, meal prep, and tray service.</p> <p>Observed the kitchen door to hallway open with a large fan on blowing into the kitchen that could provide an entrance for the flies. The Dietary Manager stated he did not realize that the door should not be open to the kitchen.</p> <p>Interview with the Housekeeping Supervisor on 09/24/2024 at 03:29 PM, revealed she had been employed at the facility for one week. She stated that she was not aware of the flies in the rooms, and she would get housekeeping to deep clean the rooms on 200 hallways. She stated flies could spread germs.</p> <p>In an interview with the Dietary Manager on 09/24/2024 at 03:32PM, he stated he was also acting as the Maintenance Director for the facility while he was training the new maintenance director employee. He stated he was not aware of the flies in the rooms and that he would contact the pest control company. He stated the nursing staff were responsible for reporting any pests in the residents' rooms so that he can be made aware of any pest problems. He stated there was a maintenance logbook that was used to notify him there after her can treat accordingly. He stated flies can carry germs.</p> <p>Interview with the Dietary Manager on 09/26/2024 at 5:56 PM revealed the Dietary Manager was made aware that the open door to the hallway and the fan blowing into the kitchen, could be the cause of the flies in the kitchen. The Dietary Manager agreed that the door would not be opened. Pest Control made a visit to the facility on this day and completed treatments to the building. Pest Control makes monthly visits and as needed. The Dietary Manager stated his expectations are to make sure the kitchen is free of any flies. His goals are to complete a deep cleaning of the kitchen to aid in keeping pest out of the kitchen.</p> <p>Interview with the Administrator on 09/26/2024 at 6:28 PM was to inform her that the kitchen door was open with a fan blowing into the kitchen that could provide an entrance for the flies. The Administrator stated her expectations were any problems with flies to be reported immediately to the Maintenance Director, documented in the Maintenance Log, and Pest Control contacted. Pest Control comes to the facility monthly and as needed. The Administrator expected the kitchen door to be shut. Pest control came to facility that day and treated facility.</p> <p>Review of the facility's Pest Control policy revised May 2008 reflected, Policy Statement: Our facility shall maintain an effective pest control program. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents; Pest control services are provided by Perfect Pest Control; Windows are screened at all times; Only approved FDA and EPA insecticides and rodenticides are permitted in the facility and all such supplies are stored in areas away from food storage areas; Garbage and trash are not permitted to accumulate and are removed from the facility daily; Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>48520</p>		