STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675141	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Healthcare Residence	1400 Lake Shore Dr Waco, TX 76708

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect and promote the resident's right to a dignified existence and self-determination for 1 of 6 residents (Resident #1) reviewed for resident rights, in that: The facility failed to allow Resident #1 to maintain her smoking privileges. This failure could place residents at risk of feelings of poor self-esteem, anxiety, decreased quality of life and loss of dignity.The findings were: Review of resident #1's face sheet dated 7/24/2025 revealed she is a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included: Schizoaffective disorder, Bipolar type (mental health conditions involving mood disorders), Epilepsy (seizure disorder) Ulna Fracture (broken bone in forearm), Intellectual Disabilities (limitations in both intellectual functioning and adaptive behavior), Type 2 Diabetes (blood sugar disorder). Dementia with other behavioral disturbance (loss of memory) and Major Depressive Disorder. Face sheet further revealed that a family member was resident #1's Power of Attorney. The face sheet did not identify a responsible party. Review of resident #1's quarterly MDS dated [DATE], revealed a BIMs of 9, suggesting moderate cognitive impairment. In the behavior symptom section, resident #1 was noted to have verbal behaviors directed towards others occurring in 1 to 3 days in the last 7-day lookback period. There was no section in the MDS that addresses smoking. Review of resident #1's progress notes from 6/27/2025 to 7/23/2025 reflected no notes concerning removal of resident #1's smoking privileges. Review of resident #1's smoking assessment dated [DATE] reflected she was safe to smoke but needed supervision. This was the only smoking assessment found in resident #1's EMR Review of resident #1's Smoking Agreement dated 5/29/2025, reflected it was signed by resident #1 on 5/29/2025. In the agreement Resident #1 agreed to abide by the smoking rules which were centered around safe smoking habits. Specifically, #11 stated Failure to adhere to safe smoking practices may result in denial of smoking rights at [the facility]. Family and resident will be kept informed of issues that arise. Review of resident #1's untitled contract dated 6/27/2025 reflected I [resident] entering into this contract with [nursing facility] in the agreement. I will only smoke 3 cigarettes per day at 8:30 am, 1:30 pm and 6:30 pm. I understand if I break this agreement, I may have my smoking privileges taken away. Contract was signed by resident using her first name on 6/27/2025. Review of resident #1's care plan dated 7/24/2025 reflected [resident #1] is a smoker with goal of resident will smoke safely through next review and interventions: complete smoking assessment, if it is determined that resident is safe to smoke, staff will review and explain facility smoking policy and smoking agreement. During an interview on 7/24/2025 at 12:09 pm, the ADON stated on 7/23/2025 herself, the activities person and the ADM were having a meeting in her office and resident #1 came in and talked to the ADM about smoking. She stated resident #1 asked ADM if he would give her one more chance to smoke and ADM stated he didn't think it was a goo idea. She stated resident #1 started crying at that point which was not unusual for her - she would cry a lot when she didn't get her way. She stated the ADM had decided about 3 weeks ago for resident #1 to stop smoking. She stated she did not remember a meeting with resident, family member or IDT to discuss taking away resident #1's smoking privileges. During an interview on 7/24/2025 at 12:53 pm facility SW stated the facility cut out smoking for resident #1 because behaviors would happen around smoking times because resident #1 would get impatient. SW stated resident #1 has not verbalized any desire to smoke since the smoking privileges were taken away. He stated he did not recall their being an IDT meeting with the resident, a family member or the PASSAR case manager to discuss removing resident #1's smoking privileges. He stated resident #1's smoking privileges were taken away about a month ago. SW states smoking is a privilege, not a right. During an interview on 7/24/2025 at 1:30 pm ADM stated smoking at the facility was a resident privilege not a resident right. He stated resident #1's smoking privileges were taken away somewhere around 7/3/2025 because issues with smoking would lead to an escalation of behaviors with resident #1 with verbal and physical aggression incidents directed towards staff and other residents. ADM stated resident #1 did not have another smoking assessment completed when her smoking privileges were revoked because it was not a safe smoking issue, it was a behavior issue. ADM provided the facility policy on smoking, resident #1's smoking agreement and resident #1's cigarette contract for investigator review. During an interview on 7/24/2025 at 2:40 pm, PASARR Case Manger stated she was not aware of resident #1 having smoking restrictions or that her privileges had been revoked. She stated she attended resident #1's initial PASARR meeting on 7/3/2025 and resident #1 was still smoking at that time. She stated at that time no behavioral