STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675144	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burleson Nursing and Rehabilitation Center	600 Maple St Burleson, TX 76028

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47172 Based on interview and record review, the facility failed to complete a comprehensive assessment within 14 calendar days after admission as required for 1 (Resident #1) of 5 residents records reviewed for comprehensive assessments and timing. The facility failed to ensure Resident #1 did not have a completed admission/comprehensive MDS assessment within 14 days following his admission to the facility. This deficient practice could result in newly admitted residents not receiving the proper care required to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Findings included: Review of Resident #1's undated admission record revealed he was an [AGE] year-old male who admitted to the facility on [DATE]. His admitting diagnoses included: surgical aftercare following surgery on the genitourinary system (surgery on the organs in the urinary system), malignant neoplasm of bladder (bladder cancer), altered mental status, diabetes (high blood sugar), chronic kidney disease (gradual loss of kidney function), muscle weakness, high blood pressure, chronic pain, heart disease, and heart failure. Review of Resident #1's MDS summary screen in his EHR on 03/21/25 revealed Resident #1's admission MDS was still in progress. His MDS was last edited on 3/18/25. In an interview on 03/21/25 at 1:19 pm, the RRM stated that the CCM was responsible for completing MDS assessments. She stated she knew about Resident #1's MDS not being completed on time because she was working on it on 3/17/25 with the CCM before the CCM left early that day due to illness. She stated that she was responsible for training the MDSC and that she had already gone over the timelines for assessments with her. Additionally, she stated that the items that still remained for Resident #1's MDS needed to be completed on-site. (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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 03/21/25 at 1:28 pm, the ADM stated it was his expectation that MDS assessments be completed on time and that he is aware the admission assessments must be done within 14 calendar days of admission. He stated that the CCM was recently hired into that position, and before being promoted she was a floor nurse. He stated she left early on 3/17/25 due to illness and that might be why the assessment was not completed. He stated that the RRM helps out when needed. The ADM stated he was not sure what a negative outcome to the residents would be for late MDS assessments. During a telephone interview on 3/21/25 at 2:44 pm, the CCM stated that she originally started at the facility in August of 2024 and was promoted in February 2025 to the CCM. She stated she had prior experience in MDS but that was about 4-5 years ago, and she was having to learn all over again. She recalled doing an admission assessment on Resident #1 and did not recall why it was not completed. She stated that the due date would show up for her in the EHR. She further stated that she was trained by the RRM on timeliness, and she was aware of the 14-day timeframe. Review of the CCM's job description dated last revised 4/22/22 reflected under Essential Functions: Manages the RAI Process from resident admission to discharge to maintain clinical compliance and receive appropriate funding from Medicare, Medicaid and Managed Care pay sources. Completes MDS assessments according to the LTC Facility Resident Assessment Instrument 3.0 User's Manual (RAI) in a timely, accurate, documentation-supported and case mix optimized manner. The job description was signed by the CCM on 1/30/25. Review of the CCM Checklist dated last revised 2/01/21 reflected, the CCM completed the MDS Submission/Analyze/Validation training on 1/30/25. Review of the facility's current MDS Completion and Submission Timeframes policy revised July 2017 reflected the following: 1. The Assessment Coordinator or designee is responsible for ensuring that resident assessments are submitted to CMS' QIES Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines. 2. Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual. Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.19.1 dated last revised October 2024, required OBRA Assessments for the MDS table reflected that the admission (comprehensive) assessment reference date is due no later than the 14th calendar day of the resident's admission (admitted + 13 calendar days).

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47172 Based on observation, interview, and record review, the facility failed to ensure a resident with an indwelling urinary catheter received treatment and services for 1 of 5 residents (Resident #1) reviewed for indwelling urinary catheters. The facility failed to ensure Resident #1's urinary drainage bag tubing and bag were kept from touching and resting on the floor. This deficient practice could affect any resident with an indwelling urinary catheter and place them at risk of developing or increased UTIs. The findings included: Review of Resident #1's undated admission record revealed he was an [AGE] year-old male who admitted to the facility on [DATE]. His admitting diagnoses included: surgical aftercare following surgery on the genitourinary system (surgery on the organs in the urinary system), malignant neoplasm of bladder (bladder cancer), altered mental status, diabetes (high blood sugar), chronic kidney disease (gradual loss of kidney function), muscle weakness, high blood pressure, chronic pain, heart disease, and heart failure. Review of Resident #1's comprehensive care plan, dated 3/06/25, revealed it addressed Resident #1's urinary catheter. No intervention approaches were included to keep the urinary catheter securely in place. No risks or complications were listed. Additionally, the care plan addressed a problem start date of 3/10/25 for I pull off my urostomy and that staff will notify nurse if resident removes urostomy. Observation on 3/21/25 at 10:12 a.m., revealed Resident #1 resting in bed. The Foley Catheter drainage bag and tubing were resting directly on the floor on the right side of his bed. The drainage bag was nearly empty, but the tube closest to Resident #1's midsection had urine in it. The drainage bag was only visible if someone walked into the resident's room. The left side of his bed was against the wall closest to the door. An additional observation on 3/21/25 at 11:05 am, revealed Resident #1 resting in bed with the Foley Catheter bag inside a privacy bag resting directly on the floor on the right side of his bed. The surveyor attempted to obtain an interview with Resident #1, but he preferred to sleep. An interview on 3/21/25 at 1:32 PM with Resident #1's FM revealed that Resident #1 had recently experienced a decline and the FM was devastated they were having to meet with a hospice agency that day. The FM stated that Resident #1 had a urostomy as well as an indwelling catheter and for some reason the urostomy was not adhering to Resident #1's skin very well. The FM also acknowledged awareness of Resident #1 kicking the drainage bag off his bedside during his sleep and expressed a wish for that to be managed by the facility to keep the bag from being on the floor. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 3/21/25 at 2:10 p.m., the DON revealed Resident #1's catheter drainage bag and tubing should not have been touching the floor because the bag and tubing would get contaminated and could cause infections. The DON stated that if the drainage bag was covered by a privacy bag and knocked to the ground staff could place the bag back onto the bed hook, but if the drainage bag is outside of the privacy bag, they would need to replace the drainage bag due to infection control issues. She stated that when colostomy/urostomy/catheter care is performed all supplies needed for the care should be brought into the room so that the staff are not having to leave and get other supplies before the care is completed. When asked if there was anything they could do to keep the catheter bag off the floor she stated she would need to get with the ADM to see what interventions he has used in the past. An interview on 3/21/25 at 11:19 a.m., CNA A revealed she had worked at the facility since August 2024. She stated during catheter care they were trained to make sure the catheter bag was toward the end of the bed when hanging them, and to ensure residents stayed clean by changing their briefs often and cleansing their skin. She stated that Resident #1 tended to kick his catheter bag onto the ground, sometimes he was calm but sometimes had outbursts like taking off all his clothes and talking like he saw people in his room who were not there. She stated the catheter bag was to be hooked onto the bed, not necessarily in a certain place, but just to keep it downward so it can drain/flow right. She stated it was always supposed to be covered with a privacy bag. If a privacy bag was not in there, they would get a new one from the supply room. She did not know if he tended to take his urostomy out or not. She is unsure if he toileted himself to have bowel movements. She stated that he was 1 of 2 residents on his hall and the CNAs rotate who work that hall so she does not have much experience with him but from the few times she had worked with him those were her observations. An interview on 3/21/25 at 12:01 p.m., the ADON revealed Resident #1 was admitted to the facility with a catheter and urostomy. She stated they had to change his catheter bag often, and that he recently had the urostomy placed, but for some reason it would not stick to his skin, and that when he sat himself up, it would come loose. She stated they contacted the doctor to look at it, and the doctor made a visit on 3/20 to observe the area on his skin, and he recommended a different kind of tape be used. She stated they had a urine panel come back on 3/19 but it said it was still pending the results of a UTI. She further stated they had to do frequent monitoring with him regarding the catheter bag, and if a CNA observes the bag on the ground, they were to tell the ADON, and if they found it on the floor, they had to replace it due to infection control procedures. She also stated that the privacy bag should be on there at all times. The ADON stated that there was not any one CNA in particular who had the most experience working with Resident #1 as the CNA's rotated working that hall. Record review of facility policy titled Catheter Care dated 12/2023 indicated: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. 1. Catheter care will be performed every shift and as needed by nursing personnel. 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use. 3. Privacy bags will be changed out when soiled, with a catheter change or as needed.