

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Pine Tree Lodge Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 Pine Tree Rd Longview, TX 75604	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 3 of 8 resident reviewed for ADLs. (Resident #1, Resident #2, Resident #3)</p> <p>The facility failed to provide Resident #1, Resident #2, and Resident #3 their scheduled bath/showers.</p> <p>This failure could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in poor care, risk for skin breakdown, feelings of poor self-esteem, lack of dignity and health.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 06/05/24 indicated Resident #1 was a [AGE] year-old, male and admitted on [DATE] and 04/12/24 with diagnoses including quadriplegia (is a symptom of paralysis that affects all a person's limbs and body from the neck down), contracture (a permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff), cerebral infarction (stroke), and need for assistance with personal care.</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated Resident #1 was understood and understood others. The MDS indicated a BIMS score of 08 which indicated moderate cognitive impairment. The MDS indicated Resident #1 did not reject care. The MDS indicated Resident #1 was dependent for shower/bathe self.</p> <p>Record review of Resident #1's care plan dated 06/29/21, revised 09/12/22, indicated Resident #1 had an ADL self-care performance deficit due to quadriplegia, bilaterally upper and lower extremities weakness. Intervention included bathing required two staff assistance.</p> <p>Record review of Resident# 1's ADL bathing report dated May 2024 indicated no documentation for 4 (05/01, 05/20,05/29, 05/31) out of 14 scheduled bath/showers. The ADL bathing report indicated Resident #1's shower days were Mondays, Wednesdays, and Fridays on day shift.</p> <p>Record review of Resident #1's ADL bathing report dated 06/2024 indicated no documentation for 4 (06/03, 06/05, 06/07, 06/10) out of 4 scheduled bath/showers. The ADL bathing report indicated Resident #1's shower days were Mondays, Wednesdays, and Fridays on day shift.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's shower list sheets dated May-June 2024 indicated:</p> <ul style="list-style-type: none"> *05/17/24 Bed Bath by CNA A *05/22/24 Bed Bath by CNA A *05/25/24 Bed Bath by CNA A *05/27/24 Bed Bath by CNA A *05/29/24 Refused/Other *06/05/24 Bed Bath by CNA A <p>Record review of the facility's resident roster dated 06/12/24 indicated Resident #1 was out of the facility.</p> <p>2. Record review of Resident #2's face sheet dated on 06/12/24 indicated Resident #2 was a [AGE] year-old, male and was admitted on [DATE] and 05/15/24 with diagnoses including cerebral infarction (stroke), muscle wasting and atrophy (shortening), and hemiplegia (paralysis of one side of the body) and hemiparesis (is weakness or the inability to move on one side of the body) following cerebral infarction affecting left non-dominant side.</p> <p>Record review of Resident #2's quarterly MDS assessment dated [DATE] indicated Resident #2 was understood and understood others. The MDS indicated Resident #2 had a BIMS score of 11 which indicated moderate cognitive impairment. The MDS indicated Resident #2 did not reject care. The MDS indicated Resident #2 required supervision or touching assistance for shower/bathe self.</p> <p>Record review of Resident #2's care plan dated 05/31/24 indicated Resident #2 had an ADL self-care performance deficit. Intervention included bathing required one staff assistance.</p> <p>Record review of Resident #2 ADL bathing report dated May 2024 indicated no documentation for 3 (05/11, 05/16, 05/28) out of 13 scheduled bath/showers. The ADL bathing report indicated Resident #2's shower days were Tuesdays, Thursdays, and Saturdays on night shift.</p> <p>Record review of Resident #2's ADL bathing report dated 06/2024 indicated no documentation for 3 (06/04, 06/08, 06/11) out of 5 scheduled bath/showers. The ADL bathing report indicated Resident #2 shower days were Tuesdays, Thursdays, and Saturdays on night shift but switched to day shift on 06/08/24.</p> <p>Record review of Resident #2's shower list sheets dated May-June 2024 indicated:</p> <ul style="list-style-type: none"> *05/09/24 Shower by CNA B *06/04/24 Shower by CNA A <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 06/12/24 at 5:15 p.m., Resident #2 said he did not get his scheduled showers. He said he was supposed to get a shower three times a week but sometimes he only got it twice. He said he used to be on the night shift schedule but asked to be moved to day shift. He said he moved to day shift hoping he would get his scheduled showers. He said he was supposed to get his showers in the morning, but the aides did not know what morning was because they tried to give him showers in the afternoon. Resident #2 had a baseball cap on his head so unable to assess his hair.</p> <p>3. Record Review of Resident #3's face sheet dated 06/12/24 indicated Resident #3 was a [AGE] year-old, male and admitted on [DATE] and 02/20/24 with diagnoses including dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), cerebral infarction (stroke), hemiplegia (paralysis of one side of the body) and hemiparesis (is weakness or the inability to move on one side of the body) following cerebral infarction affecting right dominant side, and need for assistance with personal care.</p> <p>Record review of Resident #3's quarterly MDS assessment dated [DATE] indicated Resident #3 was understood and understood others. The MDS indicated Resident #3 had a BIMS score of 11 which indicated moderate cognitive impairment. The MDS indicated Resident #3 did not reject care. The MDS indicated Resident #3 was dependent for shower/bathe self.</p> <p>Record review of Resident #3's care plan dated 01/24/24 indicated Resident #3 had an ADL self-care performance deficit. Intervention included bathing required two staff for assistance.</p> <p>Record review of Resident #3's ADL bathing report dated 05/2024 indicated no documentation for Resident #3 for 4 (05/04, 05/14, 05/18, 05/23) out of 13 scheduled bath/showers. The ADL bathing report indicated Resident #3 's shower days were Tuesdays, Thursdays, and Saturdays on day shift.</p> <p>Record review of Resident #3's ADL bathing report dated 06/2024 indicated no documentation for 4 (06/03, 06/05, 06/07, 06/10) out of 5 scheduled bath/showers. The ADL bathing report indicated Resident #3's shower days were Mondays, Wednesdays, Fridays on day shift.</p> <p>Record review of Resident #3's shower list sheets dated May-June 2024 indicated:</p> <p>*05/21/24 Shower by CNA A</p> <p>*05/25/24 Shower by CNA A</p> <p>*05/29/24 Shower by CNA A</p> <p>*06/05/24 Shower by CNA A</p> <p>During an observation and interview on 06/12/24 at 12:40 p.m., Resident #3 said if he did not ask for his scheduled showers, and the aides did not give them. He said so sometimes he did not get his showers. He said he was supposed to get showers three times a week. He said some aides did their job and others did not or did not show up for work. He said Resident #2, his roommate, raised hell when he did not get his showers. He said it was frustrating not get his showers or he must ask for them when it was the same schedule every week. Resident #3 appeared to have slightly oily hair.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/12/24 at 4:20 p.m., CNA C said she had been working at the facility for a year. She said CNAs were responsible for giving residents their showers or bed baths. She said most residents got showers unless they were hospice. She said shower or bed baths were scheduled three times a week. She said the aides charted when the showers or bed baths were done in the facility's charting system and initialed the shower list. She said giving the residents their showers or bed baths were important for hygiene. She said the resident should not smell.</p> <p>During an interview on 06/12/24 at 4:29 p.m., CNA D said she had worked at the facility for two years. She said showers and bed baths were scheduled three times a week. She said the CNAs were responsible for giving the residents their showers and bed baths. She said the aides documented in the facility's computer charting system and initialed the shower list when completed. She said it was important to give residents their showers and bed baths for skin care, maintain their appearance, make them feel better, and reduce odors. She said not getting scheduled showers and bed baths could make the residents feel embarrassed. She said the residents were dependent of the staff to give them care.</p> <p>During an interview on 06/12/24 at 4:50 p.m., LVN E said she had worked at the facility for a year. She said she had worked all the halls and had worked with Resident #1, Resident #2, and Resident #3. She said the CNAs were responsible for giving the residents their showers and bed baths. She said nurses should make sure the showers and bed baths were getting done on schedule. She said resident's showers and bed baths were scheduled three times a week. She said showers and bed baths were important for skin care and hygiene. She said residents not getting their scheduled showers and bed baths could cause skin breakdown or odors.</p> <p>During an interview on 06/12/24 at 5:20 p.m., the DON said she felt like the residents were getting their scheduled bed baths and showers. She said the residents' showers or bed baths were scheduled three times a week. She said Resident #1 would not take a shower, so he got bed baths. She said if Resident #1 did not get his bed bath, he would let someone know. She said she felt the missing documentation was a charting issue in the system. She said the staff member who usually made sure the aides were documenting, had been out for medical reasons.</p> <p>During an interview on 06/12/24 at 5:33 p.m., the AIT said residents' showers and bed baths were scheduled three times a week and if a resident requested one. She said the CNAs were responsible for providing the showers and bed baths, but any trained staff members could do it. She said the ADON and DON should be supervising the staff to ensure residents received their scheduled showers and bed baths. She said providing scheduled and requested showers and bed baths were important for cleanliness, dignity, and overall psychosocial wellbeing.</p> <p>During an interview on 06/12/24 at 5:45 p.m., the Interim ADM said the CNAs were responsible for providing the resident their showers and bed baths. He said all nursing staff members should monitor the CNAs to ensure the showers and bed [NAME] were being done. He said residents getting their scheduled showers and bed baths needed to be monitored more and it started at the ADM position. He said if residents refused showers or bed baths, then the residents should be encouraged to get one. He said the facility had conversation with the CNAs on giving residents their showers. He said showers and bed baths were important for the resident's dignity, hygiene, and skin integrity. He said not receiving showers and bed baths affected the residents physically and emotionally.</p> <p>(continued on next page)</p>		

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