

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 10/31/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46929</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received appropriate treatment and services to prevent further decrease of ROM for 2 of 4 residents reviewed for range of motion. (Resident #1 and Resident #2)</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #1 had a contracture prevention device in place for the treatment of his right-hand contracture. 2. The facility failed to ensure Resident #2 had a contracture prevention device in place for the treatment of her right-hand contracture. <p>These failures could place residents at risk for decrease in mobility and range of motion and contribute to worsening of contractures.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #1's face sheet, dated 10/31/24, indicated he was a [AGE] year-old male, admitted to the facility on [DATE], with a most recent readmission of 10/08/24. His diagnoses included quadriplegia (paralysis that affects all a person's limbs), and contracture of the right hand (A permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff). <p>Record review of Resident #1's Quarterly MDS assessment, dated 09/04/24, indicated he had a BIMS score of 14, which indicated intact cognition. He was able to make himself understood and he was able to understand others. He required setup assistance with eating and oral hygiene. He was completely dependent upon staff for assistance with bathing, toileting, lower body dressing and putting on/taking off footwear. He required maximal assistance for upper body dressing and personal hygiene.</p> <p>Record review of Resident #1's care plan, last revised on 10/04/24, indicated a focus of the resident has quadriplegia. Interventions included PT, OT, ST evaluate and treat as ordered, and range of motion (active or passive) with am/pm care daily. The care plan further indicated a focus of the resident has an ADL self-care performance deficit due to quadriplegia and bilateral upper extremity and bilateral lower extremity weakness. Interventions included right hand splint applied daily and removed at bedtime.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's physician's orders, dated 10/31/24, indicated they did not address Resident #1's right hand contracture.</p> <p>During an observation and interview on 10/31/24 at 9:10 AM, Resident #1 was lying in his bed in his room. He said he was unable to open his hand and extend his fingers. He said his hand was contracted and it began when he had an accident prior to admitting to the facility. There was no splint or device in his contracted hand.</p> <p>During an interview on 10/31/24 at 9:28AM, Family member A said the facility was not doing anything for Resident #1's right-hand contracture. She said the facility was not using a splint or any device.</p> <p>During an interview on 10/31/24 at 10:05AM, LVN B said he was the bedside nurse for Resident #1 this day. He said he was not aware if Resident #1 was supposed to have a splint, roll, or rag for his contracted hand. He said he thought it was worth a try to put something in Resident #1's hand to prevent worsening of his contracture. He said Resident #1 was not receiving therapy.</p> <p>During an interview on 10/31/24 at 10:10AM, CNA C said she was taking care of Resident #1 this day. She said she did not do any range of motion exercises with him, and there was not a splint or roll that was supposed to be in his hand.</p> <p>During an interview on 10/31/24 at 10:32AM, Rehab Director D said Resident #1 was not receiving therapy services at that time. She said since he was not on therapy services, she expected the nursing staff to make sure his contracture was treated to prevent the contracture worsening.</p> <p>During an interview on 10/31/24 at 10:40AM, the DON said she usually put a rag or a roll in Resident #1's hand for his contracture. She said she had not yet put the roll in his hand this morning before this surveyor interviewed him. She said she had not obtained an order for the rag or roll for his contracture. She said the risk was that it was possible that a nurse unfamiliar with his care might not realize he had a contracture and not put the roll in his hand. She said she had asked him before about putting a splint in his hand, but he refused the splint because he would not have been able to use his fingers with his tablet. She said she was going to put an order in the system after this interview was completed.</p> <p>2. Record review of Resident #2's face sheet, dated 10/31/24, indicated she was a [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses included right hand contracture (A permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff), and Alzheimer's disease (a brain disorder that causes a gradual decline in memory and thinking skills).</p> <p>Record review of Resident #2's annual MDS assessment, dated 10/22/24, indicated she had a BIMS score of 07, which indicated severe cognitive impairment. She was able to make herself understood and she was able to understand others. She required setup assistance with eating. She required supervision or touching assistance with eating and personal hygiene. She required moderate assistance with upper body dressing. The MDS assessment further indicated she had impairment on one side of her upper extremities.</p> <p>(continued on next page)</p>		

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