

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	

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** 34399</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for 4 residents (Resident #1, Resident #54, Resident #71, Resident #91) of 8 residents reviewed for ADLs.</p> <p>The facility failed to ensure:</p> <ol style="list-style-type: none"> 1- Resident #1 had her fingernails cleaned and trimmed on 05/04/25. 2- Resident #54 had his fingernails cleaned and trimmed on both hands on 5/04/25. 3- Resident #71 had her fingernails cleaned and trimmed on both hands on 5/04/25. 4- Resident #91 had his fingernails cleaned and trimmed on 5/04/25. <p>These failures could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life.</p> <p>Findings include:</p> <p>1-Review of Resident #1's Quarterly MDS dated [DATE] reflected Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of hemiplegia and hemiparesis following stroke affecting left side non-dominant side (stroke resulting in weakness or paralysis on the left side of the body), dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life),. She had a BIMS of 7 indicating she was severely cognitively impaired. Resident #1 required partial/moderate assistance with personal hygiene.</p> <p>Review of Resident #1's Comprehensive Care Plan dated 11/08/24 and last revised 04/25/25 reflected Resident #1 had an ADL self-care performance deficit related to cognitive deficits and impaired mobility. Intervention reflected Resident #1 required 1 staff participation with personal hygiene/oral care. Monitor appearance</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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>Observation and Interview on 05/04/25 at 10:50 AM with Resident # 1 revealed she had long dirty fingernails about 3/4 inch from finger tips on her right hand. She stated she did not know the last time her fingernails were trimmed. Resident #1 stated it bothered her that they were long. She stated she did not know who should be trimming them and no one had offered to trim them for her. Resident #1's left hand was in a splint.</p> <p>Observation and Interview on 05/04/25 at 12:38 PM with CNA G revealed Resident #1 did have long fingernails on her right hand and did not know the last times her fingernails were trimmed. She stated Resident #1 did not refuse ADL care.</p> <p>Observation and Interview on 05/04/25 at 1:39 PM with ADON E revealed Resident #1's fingernails about 3/4 inch from fingernail tips on right hand. She stated Resident #1's fingernails were long and should be trimmed. She stated Resident #1 was not a diabetic and CNAs were responsible to ensure fingernails trimmed. She stated nurses were responsible to ensure fingernail trimming was completed. Observation of left contracted hand revealed Resident #1 had long fingernails about 1/2 inch long with 1 finger about 3/4 inch with no cuts or open skin areas on left hand. ADON E asked Resident #1 if she wanted her fingernails trimmed and she said yes. ADON E stated the risk to residents with long fingernails could cause cuts and open skin areas in the hand.</p> <p>2-Record review of Resident #54's Quarterly MDS assessment dated [DATE] reflected Resident #54 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included Hemiplegia (paralysis that affects only one side of the body) following cerebral infarction (a loss of blood flow to part of the brain, which damaged brain tissue), and need for assistance with personal care. Resident #54's BIMS score of 13, which indicated Resident #54's cognition was intact. The MDS assessment indicated Resident #54 required minimal assistance with personal hygiene.</p> <p>Record review of Resident #54's Care Plan dated 03/19/25, reflected the following: Focus: [Resident #54] has an ADL Self Care Performance Deficit related to impaired mobility/hemiplegia. Goal: Resident will maintain current level of function . Interventions: . Assist with personal hygiene as required .</p> <p>In an observation and attempt to interview on 05/04/25 at 9:18 AM revealed Resident #54 was sitting in his wheelchair. The nails on the right hand were approximately 0.4cm in length extending from the tip of his fingers. The nails were discolored tan and had brownish colored residue underside. The nails on the left hand were chipped. Resident #54's answers to questions did not make sense.</p> <p>3-Record review of Resident #71's Quarterly MDS assessment dated [DATE] reflected Resident #71 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included diabetes mellitus, and hemiplegia (paralysis on one side of the body) following cerebral infarction (occurs when blood flow to the brain is blocked, causing brain tissue to die) affection left side. Resident #71's BIMS score of 13, which indicated Resident #71's cognition was intact. The MDS assessment indicated Resident #71 required maximal assistance with personal hygiene.</p> <p>Record review of Resident #71's Care Plan dated 08/27/24, reflected the following: Focus: [Resident #71] has an ADL self-care performance deficit related to impaired mobility . Goal: . [Resident #71] will maintain current level of function in ADLs through the review date . Interventions: . Personal hygiene/oral care: the resident requires 1 staff participation with personal hygiene and oral care. Monitor appearance .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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>In an observation and interview on 04/22/25 at 9:35 AM revealed Resident #71 was laying in his bed. The nails on both hands were approximately 0.5cm in length extending from the tip of his fingers. The nails were discolored tan and had yellow greenish colored residue underside. Resident #71 stated he did not like his fingernails long and dirty.</p> <p>In an interview on 04/22/25 at 11:50 AM, LVN F stated CNAs were responsible for trimming the nails of residents who were not diabetic, and nurses were responsible for trimming nails of residents who were diabetic. LVN F stated she was busy and did not notice Resident #54 and #71's nails. She stated she would do it. She stated the risk would be infection control and skin breakdown.</p> <p>4-A record review of Resident #91's admission MDS assessment dated [DATE] reflected Resident #91 was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses included hypertension (Elevated blood pressure), dementia (diseases that affect memory, thinking, and the ability to perform daily activities), arthritis (a broad term for conditions affecting joints, tissues around joints, and other connective tissues, causing pain, stiffness, and reduced movement), need for assistance with personal. Resident #91 had a BIMS score of 03/15 which indicated Resident #91's cognition was severely impaired.</p> <p>A record review of Resident #91's Comprehensive Care Plan dated 04/25/25 reflected the following: Focus: [Resident#91] has an ADL self-care performance deficit. Goal: [Resident#91] will maintain or improve current level of function in ADL Score through the review date. Interventions: Bathing: .Check nail length and trim and clean on bath day and as necessary .</p> <p>An observation on 05/04/25 at 09:40 AM revealed Resident #91 was sitting at the edge of the bed. The nails on both hands were approximately 0.5 centimeter in length extending from the tip of her fingers. The nails were discolored tan and the underside had dark brown colored residue. Resident #91 stated would like his fingernail trimmed.</p> <p>In an interview on 05/04/25 at 12:39 PM, RN B looked at Resident#91 fingernails and stated they needed to be cleaned and trimmed. RN B stated CNAs were responsible to clean and trim residents' nails as needed. RN B stated only nurses cut residents' nails if they were diabetic. RN B stated no one notified her Resident #91's nails were long and dirty, and she had not noticed the nails herself. RN B stated the risk to the resident development of infection, and skin break down if he/she scratched him/herself.</p> <p>In an interview on 05/6/25 at 11:57 AM, the DON stated nail care should be completed as needed and every time aides wash the residents' hands. The DON stated nails should be observed daily. The DON stated nurses were responsible for trimming the nails of residents who were diabetic, and CNAs could trim other residents' nails. The DON stated she expected CNAs to offer to cut and clean nails if they were long and dirty. The DON stated residents having long and dirty nails could be an infection control issue, and skin breakdown if residents scratch themselves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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>Record review of facility's policy, Nail Care, Nursing Policy & Procedure Manual 2003, revealed Nail management is the regular care of the toenails and fingernails to promote integrity of tissue, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenail. It includes cleaning, trimming, smoothing, and cuticle are and is usually done during the bath. NAIL CARE, ESPECIALLY TIMMING, IS PERFORMED BY A PODIATRIST IN THOSE WITH DIABETES AND PERFERAL VASCULAR DISEASE .Goals 1. Nail care will be performed regularly and safely. 2. The resident will free from abnormal nail conditions. 3. The resident will be free from infection.</p> <p>42971</p> <p>47690</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42971</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for one (Resident #28) of three residents reviewed for incontinence care.</p> <p>The facility failed to ensure LVN F provided appropriate perineal care for Resident #28 after an incontinent episode when she failed to clean the resident's scrotum and penis on 05/04/25.</p> <p>This failure could place residents at risk for the development and/or worsening of urinary tract infections.</p> <p>Findings included:</p> <p>Record review of Resident #28's Quarterly MDS assessment dated [DATE] reflected Resident #28 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included anoxic brain damage (brain injury resulting from a complete lack of oxygen supply to the brain) and need for assistance with personal care. Resident #28's BIMS score not assessed; Resident #28 was unable to complete the interview. The MDS assessment reflected Resident #28's cognitive skills for daily decision making was severely impaired. The MDS assessment indicated Resident #28 was dependent with toileting and personal hygiene</p> <p>Record review of Resident #28's Care Plan dated 01/13/25, reflected the following: Focus [Resident #28] has bladder incontinence related to cognitive deficits and impaired mobility . Goal: [Resident #28] will remain free from complications such as urinary tract infections and skin breakdown . Interventions: . Monitor for incontinence and provide incontinent care as needed .</p> <p>In an observation on 05/04/25 at 09:45 AM LVN F and CNA G entered Resident #28's room to provide peri care. Both staff washed their hands and put on gloves. Resident was sitting on the edge of the bed, without a brief. Both staff positioned resident in the middle of the bed on his back. LVN F cleaned resident's front pubic area with several wipes. LVN F did not clean resident's penis and scrotum. CNA G rolled the resident on his side. LVN F wiped the anal area from front to back and then the buttocks, changing to a clean wipe with each swipe. LVN F then pushed the soiled draw sheet under the resident, and she placed a clean brief under the resident. Both staff then rolled the resident over, and CNA G pulled the brief from between the resident's thighs and closed it. Both staff assisted resident with dressing, and they transferred him from bed to Geri-chair. CNA G removed gloves and left the room. LVN F removed her gloves, sanitized her hands, and left the room.</p> <p>In an interview on 05/04/25 at 12:15 PM, LVN F stated she never cleaned the scrotum and the penis of the resident. She stated by not performing adequate incontinent care it could increase the resident's risk for urinary tract infections and skin breakdown.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/06/25 at 11:57 AM, the DON stated when providing incontinent care staff were to clean scrotum and penis of male residents. She stated by not providing accurate incontinent care it placed residents at risk for urinary tract infections, skin breakdown and overall poor hygiene. She stated she and the ADONs would be re-training and observing care to ensure staff compliance.</p> <p>Record review of the facility's policy titled, Perineal Care, dated 05/11/22, reflected, . Male resident . Pull back the foreskin on uncircumcised males. Hold penis by the shaft. Wash in a circular motion from the tip down to the base. Continue perineal care to the scrotum and inner thigh .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48560</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for the facility's only kitchen.</p> <ol style="list-style-type: none"> The facility failed to ensure food item in the facility reach in refrigerator were dated, labeled, and covered. The facility failed to ensure hot food was held above 135 Fahrenheit (F) or higher on the steam table during lunch service on 5/5/25. <p>These failures could affect residents who received their meals from the facility's only kitchen, by placing them at risk for food-borne illness, and food contamination.</p> <p>Findings included:</p> <p>Observation on 5/4/25 at 9:06 AM in the facility reach-in refrigerator revealed:</p> <p>One cup of cut mixed fruit was not dated.</p> <p>Three plates of cut salad that included cucumber, cheese, ham slices, lettuce, tomato were not dated.</p> <p>Six small plastic cups of some kind of white dressing were not labeled or dated.</p> <p>8-10 Cheese slices were left uncovered, loosely wrapped in plastic wrap, exposing them to air, and not dated.</p> <p>A brown snack bag that included 1/2 sandwich, apple was not dated or labeled.</p> <p>In an observation and interview on 5/5/25 at 11:40 AM in the facility kitchen revealed [NAME] C took the temperature of pureed burger (Pureed food is cooked food that has been processed into a smooth, creamy consistency, often using a blender or food processor) via food thermometer. Surveyor observed the food thermometer read 133.7 F. The surveyor asked [NAME] C the temperature reading for the pureed burger, [NAME] C stated the temperature was at 133.7 F. The surveyor asked [NAME] C if the pureed burger was at appropriate temperature to serve. [NAME] C replied, I guess so. The Assistant Dietary Manager (ADM) then came to the service line and asked [NAME] C what was the temperature of the pureed burger. She replied it was at 133.7. The ADM wrote down the temperature in the temperature logbook. The Dietary Manager then came to the service line and asked what the temperature was for the pureed burger. The ADM replied it was 133.7. The Dietary Manager nodded and asked [NAME] C to start serving the lunch meal since it was getting late. Both [NAME] C and ADM went ahead to plate lunch meals. Observation of tray line revealed pureed burger being served to the residents who needed pureed texture diet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 5/4/25 at 9:20 AM with [NAME] C revealed she had been working in the facility for the last 10 months. She stated everyone in the kitchen including cooks, dietary aides, and the dietary manager were responsible for covering, labeling, and dating food items in the kitchen. She stated she was not aware when the sandwiches were prepared or who prepared it. She added the fruit cup may be left over from last night's meal, however, was not sure. She added the plastic cup had ranch dressing that goes with the salad. She stated cheese slices should have been wrapped appropriately and dated with use by date. She also added that the sandwiches should have been dated with use-by date. She added she will discard the sandwiches , fruit cup and other items. She stated that the snack bag was for a resident on dialysis (medical procedure that replaces the function of the kidneys, filtering waste and excess fluid from the blood when the kidneys are not working properly) and should had use-by date and label with resident's name on it. She stated that risk of improper food storage was food spoilage and increased risk of residents being sick.</p> <p>In an interview on 05/05/25 01:04 PM with the Assistant Dietary manger (ADM) stated that she was working in the facility kitchen for 8-[AGE] years. She stated that the pureed burger was prepared by [NAME] C and the temperature on the holding table was 133.7 F . She stated that holding temperature for hot entrees should be at least 160 F. She stated that the pureed burger did not have the right temperature for service and should have been reheated to 160 F before serving to residents. She stated everyone in the kitchen were responsible for dating, labeling, and covering food items. She stated that she expected cooks and dietary aides to write use by date on perishable food items and snacks. She stated failure to appropriately cover, label and date food items as well as improper holding temperatures can lead to residents being sick and food borne illness.</p> <p>In an interview on 05/05/25 01:11 PM with [NAME] C stated she had prepared the pureed burger that consisted of bread , meat, and grilled onions that were pureed together for residents on pureed texture diet. She added that she thinks the temperature at which hot food should be held for service should be at 165 F and then added she did not remember the actual temperature for hot food holding temperature. She stated that pureed burger was at 133.7 F and stated that it sounded low. She stated that it should have been reheated before serving to the residents. She added the risk to residents for serving foods at improper holding temperature was possibility of residents being sick.</p> <p>In an interview on 05/05/25 at 01:17 PM with Dietary Aide D revealed all food items in the kitchen should be covered, labeled, and dated. She stated that she did not make the salads and was not aware who or when the salads were made. She stated that everyone in the kitchen including dietary aides, cooks and managers were responsible for appropriate food storage. She stated that she was mostly responsible for making snacks and she was trained to write use-by date, which is three days from the date of preparation on all perishable food items. She added that risk to residents of not appropriately covering, dating, or labeling food items was residents could get sick.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an Interview on 05/05/25 01:17 PM with the Dietary Manager, stated her expectation was the temperature of hot food when held for service should be at least above 160. She stated she liked to serve resident hot food. She added that the pureed burger was at 133.7 F, and stated it was lower than the facility policy which stated that the hot food should be held at 140 F and above. She stated that she expected her cooks and ADM to reheat the pureed burger to ensure the temperature reach at least 140 before serving it to the residents. She added she did not ask the [NAME] to reheat the pureed burger since they were late on Lunch service. She added everyone including cooks and herself were responsible for covering, dating, and labeling all food items in the kitchen. She stated her expectation was the staff write open date on food items on the day they were opened and use by date on perishable food items such as salads, facility prepared snacks, and fruit cup. She stated all foods should be appropriately covered and sealed. She stated the risk to residents of improper food storage that included dating, labeling, and covering food items and improper holding temperatures was possibility of food borne illness. She added that she was responsible for conducting in-services for food storage and food holding temperatures for all kitchen personnel.</p> <p>In an interview on 05/06/25 12:36 PM with facility Dietitian sated that her expectation was all hot foods should be held at 135 F and above. She stated that foods that were held for service longer than 24 hours should be labeled, dated, and covered appropriately. She added risk to residents for improper food storage an improper holding temperature can lead to food borne illness.</p> <p>Record review of facility's document titled , HACCP Production Sheet [Hazard Analysis and Critical Control point - a food safety management system that identifies, assesses, and controls hazards from raw material to consumption to ensure safe food production) dated 5/5/2025 reflected, . Starch (P) .133.7[F]</p> <p>Review of facility's policy titled Daily Food Temperature Control undated reflected, .We will assure that food is served at a safe temperature. Temperatures of all hot and cold food shall be taken prior to every meal service and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within acceptable ranges . All hot foods shall be cooked and held for service at temperatures of 140 degrees F or above .</p> <p>Review of facility's policy titled Food Storage and Supplies undated reflected, .4. Open packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened .7. Perishable items that are refrigerated are dated once opened and used within 7 days (if they do not have an expiration date or best by/use by date), but non-perishable items that are refrigerated once opened should be dated when opened but do not need to be discarded until their expiration date or until the quality has deteriorated.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Food and Drug Administration Food Code, dated 2022, reflected, .3-302.12 Food Storage Containers, Identified with Common Name of Food. Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food 3-305.11 Food Storage.(B) .refrigerated, ready-to eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 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** 42971</p> <p>Based on observation, interview, and record review, the facility failed to establish and 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 diseases and infections for 2 residents (Resident #28 and Resident #57) of 5 residents observed for infection control.</p> <p>The facility failed to ensure:</p> <p>1- LVN F and CNA G changed their gloves and performed hand hygiene while providing incontinence care to Resident #28 on 04/04/25.</p> <p>2- CNA A changed his gloves, performed hand hygiene, and donned appropriate PPE when providing incontinent care for Resident #57 who supposed to be on EBP on 05/05/25.</p> <p>These failures could place residents at risk of cross-contamination and development of infections.</p> <p>Findings included:</p> <p>1-Record review of Resident #28's Quarterly MDS assessment dated [DATE] reflected Resident #28 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included anoxic brain damage (brain injury resulting from a complete lack of oxygen supply to the brain) and need for assistance with personal care. Resident #28's BIMS score not assessed; Resident #28 was unable to complete the interview. The MDS assessment reflected Resident #28's cognitive skills for daily decision making was severely impaired. The MDS assessment indicated Resident #28 was dependent with toileting and personal hygiene.</p> <p>Record review of Resident #28's Care Plan dated 01/13/25, reflected the following: Focus [Resident #28] has bladder incontinence related to cognitive deficits and impaired mobility . Goal: [Resident #28] will remain free from complications such as urinary tract infections and skin breakdown . Interventions: . Monitor for incontinence and provide incontinent care as needed .</p> <p>In an observation on 05/04/25 at 09:45 AM LVN F and CNA G entered Resident #28's room to provide peri care. Both staff washed their hands and put on gloves. Resident was sitting on the edge of the bed, without a brief. Both staff positioned resident in the middle of the bed on his back. LVN F cleaned resident's front pubic area with several wipes. With the same gloves on she cleaned resident's hands with clean wipes. CNA G rolled the resident on his side. LVN F wiped the anal area from front to back and then the buttocks, changing to a clean wipe with each swipe. LVN F then pushed the soiled draw sheet under the resident and with soiled gloves placed a clean brief under the resident. Both staff then rolled the resident over, and CAN G pulled the brief from between the resident's thighs and closed it. Both staff changed gloves without hand hygiene. Both staff assisted resident with dressing, and they transferred him from bed to Geri-chair. CNA G removed gloves and left the room without hand hygiene. LVN F removed her gloves, sanitized her hands and left the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/04/25 at 12:15 PM, LVN F and CNA G stated they should change their gloves and perform hand hygiene when they went from dirty to clean. They stated they should perform hand hygiene between change of gloves. CNA G stated she should wash her hands before she left the resident's room. LVN F stated she fail to bring sanitizer with her to the room. Both staff stated failing to provide proper care exposed the resident to infections.</p> <p>2-Record review of Resident #57's admission MDS, dated [DATE], reflected he was a [AGE] year-old male initially admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses that included type 2 diabetes mellitus (elevated blood sugar), cerebrovascular accident (Occurs when blood flow to the brain is interrupted, leading to brain cell death and potential neurological damage), neurogenic bladder (a problem in the brain, spinal cord, or central nervous system that make a person lose control of the bladder), and hypertension (High blood pressure). Resident#57 has a BIMS score of 15/15 indicating intact cognition. His Functional status reflected he was dependent on staff for toileting hygiene including incontinent care.</p> <p>Record review of Resident #57's care plan, dated 03/31/25, reflected he Focus. Resident is on enhanced barrier precaution r/t (related to) foley catheter. Goal. There will not be any transmission of infection from or to the resident. Interventions. Gloves and gown should be donned if any of the following activities are to occur: linen change, resident hygiene, toileting/incontinent care, .catheter care .or other high-contact activity.</p> <p>Observation on 05/05/25 at 09:05 AM of Resident #57's catheter and incontinent care, provided by CNA A, revealed Resident#57 was on his bed awake. CNA A enter Resident#57 room with basin, towels, and wash clothes. CNA A draped the bed side table with towel and put the wash clothes, and the basin filled with warm water on top of it. CNA A washed hands, donned gloves, and no gown. There was a signage and supplies for EBP outside of the Resident#57's room at the left side of the entrance. CNA A uncovered Resident#57 and unfastened the tape on both sides of the brief, noticed the brief was soiled with feces, he rolled the front portion and pushed it downward on the center. CNA A changed gloves and washed hands. CNA A using warm water, soap and wash clothes cleaned resident catheter going from exit site outward. CNA A disposed of used wash clothes on the towel on the top of bed side table. CNA A changed gloves without any form of hands hygiene. CNA A using warm water and wash cloth rinsed the catheter. CNA A disposed of used wash clothes on the towel on the top of bed side table. CNA A changed gloves without any form of hands hygiene. CNA A using a towel dried the catheter. CNA A removed gloves washed hands and left the room to get supplies for the incontinent care, wipes, and clean brief. CNA A returned with the supplies; donned gloves cleaned Resident#57 groins area using one wipe per stroke. CNA A then instructed and assisted Resident #57 to roll towards the wall. CNA A continued to clean the resident's buttocks area. CNA A rolled, and pulled the soiled brief and threw it on the trash can. CNA A changed gloves without any form of hands hygiene. CNA A placed the new brief on resident's buttocks and instructed the resident to roll back. CNA A fastened the tape on both sides, then pulled Resident #57's blanket to his chest. CNA A folded the used wash clothes on the used towel and put them on the floor, tied the plastic bag and put it on the floor. CNA A removed gloves, washed hands. CNA A donned gloves, and took the plastic bag, the used towels, left the room, and dispose of them in the dirty linen room in the hallway, removed gloves and sanitized hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 05/05/25 at 09:40 AM CNA A stated Resident #57 has a foley catheter and that way there was a signage and the supplies for EBP in front of the room. CNA A stated he forget to wear required PPE when he went to provide catheter care, and incontinent care for Resident#57. CNA A acknowledged he was changing gloves without any form of hands hygiene during catheter care and incontinent care. CNA A said it was important to wash hands any time he changed gloves because his hands could be contaminated. CNA A acknowledged that he was not supposed to put trash bag and used linen on the floor, because it can lead to the spread of germs. CNA A stated he supposed to have a plastic bag for the used linen. CNA A stated the risk to resident development of infection.</p> <p>In an interview on 05/06/25 at 11:57 AM, the DON stated they had trained at length on when staff were to change their gloves and sanitize their hands. She stated staff needed to change their gloves when they go from dirty to clean. DON stated any resident who had any type of indwelling medical device was placed on Enhanced Barrier precautions to help reduce the spread of infection. She stated signage was posted outside to the door, which explain what PPE (Personal protective equipment) was to be worn and for what task the PPE was to be worn for. She stated the staff had received numerous trainings on the use of Enhanced Barrier Precautions. She stated the risk was increased risk of infections. She stated she and the ADONs would be re-training and observing care to ensure staff compliance.</p> <p>Record review of facility Infection Control Policy & Procedure Manual 2019 UPDATED 03/2024, under title Fundamentals of Infection Control Precautions revealed 1. Hand Hygiene. Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is .situations that require hand hygiene: .o After removing gloves or aprons. Gloving .Wearing gloves does not replace the need for hand washing because gloves may have small inapparent defects or be torn during use, and hands can become contaminated during removal of gloves. Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employ targeted gown and glove use during high contact resident care activities . EBP are indicated for residents with any of the following: . Wounds and / or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.</p> <p>47690</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34399</p> <p>Based on observations, interviews and record review, the facility failed to ensure resident rooms were adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for two (Shower room hall 100 and 200 hall) of three shower rooms reviewed for resident call system</p> <ol style="list-style-type: none"> 1. The facility failed to ensure the call light in shower room area of 100 hall shower room had cord so it can be reached. 2. The facility failed to ensure the call light in shower room area of 200 hall shower room was working. <p>These failures placed resident at risk of a delay in receiving assistance from facility staff and being unable to obtain assistance in the event of an emergency.</p> <p>Findings included:</p> <p>Confidential Group Interview on 05/05/25 at 9:38 AM with 8 of 8 residents revealed one of the residents stated he or she had been complaining about the 100-hall shower room not having a call light cord in the shower room area long enough to reach it. He or she stated it was important to have a working call light within reach in the shower area since he or she showered independently without staff assistance.</p> <p>Confidential Group Interview revealed unable to state how long the call light cord had not been accessible to use in shower room.</p> <p>Observation on 05/05/25 at 11:25 AM with LVN H revealed shower room in hall 100 reflected call light in the shower area had no cord.</p> <p>Observation on 05/05/25 at 11:45 AM with LVN H revealed shower room in hall 200 reflected call light in the shower area was not working.</p> <p>Interview on 05/05/35 at 11:59 AM with LVN H revealed CNAs and nurses were responsible to clean the shower rooms and check if the call lights works. She stated if the call light was not working they would notify the maintenance by scanning the QR code for maintenance care. LVN H scanned the QR code hanging in the hall and she reported the non-working call light in the shower room hall 200 and the missing cord for the call light in the shower room [ROOM NUMBER] hall. She stated the facility had residents who independently showered for the Hall 100 and Hall 200 shower rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Meadowview Dr Justin, TX 76247	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 05/06/25 at 12:48 PM with Maintenance Director revealed an order was put in yesterday for resident shower room [ROOM NUMBER] hall. He stated he looked at it this morning finding there was no call light cord and he had to order a long cord for the call light in the shower room area for Hall 100. He had not looked at the 200-hall shower room and did not realize the call light in the shower room area for Hall 200 was not working. He stated he would go look at the call light in the shower room area in Hall 200 shower room. He stated he expected facility staff to notify him about any maintenance orders for the shower room and it came to his phone to see what maintenance requests. He stated the risk to residents could be residents can fall or trip and unable to get the assistance they need.</p> <p>Interview on 05/06/25 at 01:27 PM with Administrator stated there could be a delay for assistance and a potential for a fall if call lights in shower room area are not working. He stated he was not aware of call lights in the shower rooms not working properly. He stated he expected facility staff to report any maintenance repairs and the Maintenance Director would be notified on his phone of any maintenance concerns.</p> <p>Interview on 05/06/25 at 01:34 PM with Maintenance Director reflected he had replaced the cord in shower room [ROOM NUMBER] now and he was able to fix the call light in shower room for 200 hall. He stated he checked two rooms on each hall weekly and shower rooms could take up to a month before he checked them. He stated he relied on facility staff to inform him of any maintenance issues including call lights not working.</p> <p>The facility did not have a specific call light policy per the Administrator on 05/06/25.</p>