

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Willis Nursing and Rehabilitation LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 N Danville St Willis, TX 77378	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents who needed respiratory care were provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan or the residents' goals and preference for 1 of 2 residents (Resident #34) reviewed for respiratory care. Resident #34 did not receive oxygen at the rate ordered by the physician. This failure could place residents who receive oxygen therapy at risk of receiving the incorrect rate of oxygen and a decline in health. Findings included: Record review of Resident #34's face sheet dated 08/21/25 revealed a [AGE] year-old admitted to the facility on [DATE] and originally admitted on [DATE]. Diagnoses included Metabolic encephalopathy (a change in how your brain works due to an underlying condition), altered mental status, COPD (chronic obstructive pulmonary disease, a lung condition caused by damage to the airway), CHF (Congestive heart failure is a condition where the heart is unable to pump enough blood to meet the body's needs), seasonal allergies and dementia. Record review of Resident #34's quarterly MDS dated [DATE] revealed a BIMS score of 8 out of 15 indicating moderate cognitive impairment. Resident #34 had shortness of breath when sitting at rest and when lying flat. Resident #34 received oxygen therapy while a resident. Record review of Resident #34's active MD orders revealed an order for nasal cannula, continuous O2 at 2L/min due to shortness of breath while lying flat due to COPD; every shift, start date 07/15/25. No further instructions were included in the order. Record review of Resident #34's MAR/TAR for 08/01/25 to 08/21/25 revealed oxygen at 2L/m was administered on 08/19/25, 08/20/25: on shift 6:00AM to 6:00PM and shift 6:00PM to 6:00AM and on 08/21/25 on shift 6:00AM to 6:00PM. Record review of Resident #34's O2 saturation log from 07/21/25 to 08/21/25 revealed O2 saturation rates: 97% on 08/19/25 at 7:24 AM and 98% at 8:08PM; 97% on 08/20/25 at 6:24 AM and 97% at 9:11 PM; 94% at 08/21/25 at 8:33AM. Observation and interview on 08/19/25 at 9:05AM, Resident #34 was lying on her back with the head of bed elevated and receiving humidified oxygen at 4L/min via nasal cannula. Resident #34 was able to open her eyes and stated she liked to sleep and did not know why she was getting oxygen. Observation on 08/20/25 at 12:00 PM, Resident #34 was sitting up in bed eating lunch. Oxygen was set at 4L/min and nasal cannula prongs were positioned in the nostrils. Observation on 08/21/25 at 10:25AM, Resident was asleep on her back, chest rising and falling, and the head of bed elevated slightly. Oxygen rate was set at 3.5L/min and nasal cannula prongs were positioned in the nostrils. Interview on 08/21/25 at 10:25AM LVN-B stated she was responsible to make sure Resident #34's oxygen rate was set as ordered and that all nurses were responsible for checking oxygen. She stated Resident #34 had always been on oxygen since she began working at the facility March 2025. LVN-B stated she did not know why she was receiving the oxygen and would have to look in her chart. LVN-B stated she checked the oxygen rate at 8:33AM (8/21/25). She stated the oxygen orders were for 2-3L/min. LVN-B stated she did not know why the settings were at 4L/min and that night shift was responsible for changing the tubing and cleaning the concentrator, so maybe the rate got moved then. Interview on 8/21/25 at 10:35AM, the DON stated Resident #34 was receiving oxygen d/t her O2 saturation rates would drop when she was non-compliant. When asked what the risks were to the resident if she did not receive oxygen as ordered, the DON stated the orders would have to be followed and that she would have to ask the MD. The DON stated she expected the nurses to check oxygen settings every shift at least once a day and follow physician orders. Interview on 8/21/25 at 10:40AM, LVN-A stated she was familiar with Resident #34. LVN-A stated Resident #34 had COPD and would get confused if not enough oxygen or too much oxygen was received. LVN-A stated all the nurses were responsible for checking accuracy of oxygen therapy. LVN-A stated during her first round of the day she would check oxygen settings and the level of water in the bottles. Record review of Resident #34's MAR/TAR revealed the oxygen concentrator filter was cleaned weekly on 08/17/25 between 6:00 PM and 6:00 AM. The oxygen humidification bottle was replaced or refilled as required every shift. (6:00AM-6:00PM, and 6:00PM - 6:00AM). Record review of the facility's policy for oxygen concentrator, date implemented was 07/2025 read in part: The purpose of this policy is to establish responsibilities for the care and use of oxygen concentrators. 2. Oxygen is administered under orders of the attending physician, except in the case of an emergency. 4. a. the nurse shall verify physician's orders for the rate of flow and route of administration of oxygen (mask, nasal cannula, etc.).</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:</p> <p>Number of residents cited:</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, interviews, and record reviews the facility failed to maintain an effective pest control program so that it remains free of pests for one Resident's bathroom (Resident #19) out of 22 bathrooms and one hallway out of four hallways reviewed for pests.-The facility failed to ensure the building was free of cockroaches. A cockroach was found on the Surveyor's clothing while standing in a hallway during medication pass. A cockroach was observed in Resident #19's bathroom on two separate occasions. These failures could put residents at risk of, infection, allergies, skin irritation, unsanitary living conditions and decline in health and well-being. Findings include: Record review of Resident #19's face sheet dated 08/21/25 revealed a [AGE] year-old admitted to the facility on [DATE] and initially admitted on [DATE]. His diagnoses included a stroke, depression, fungal infection of the skin and nails, Hemiplegia (one sided paralysis or severe loss of strength on one side), contractures of the muscle and anxiety. Record review of Resident #19's quarterly MDS dated [DATE] revealed a BIMS score of 11 out of 15 indicating moderate cognitive impairment. Resident #19 was dependent on staff for almost all ADLs. Record review of Resident #6's face sheet dated 08/20/25 revealed a [AGE] year-old admitted to the facility on [DATE] and initially admitted on [DATE]. Her diagnoses included heart failure, COPD (chronic obstructive pulmonary disease) (a lung condition caused by damage to the airway), schizophrenia, muscle wasting, high blood pressure and depression. Resident #6 used a walker for mobility and independent with all ADLs. Record review of Resident #6s annual MDS dated [DATE] revealed a BIMS score of 12 out of 15 indicating moderate cognitive impairment. Observation and interview on 8/20/25 at 6:30AM, during med pass in the hallway, a small brown, long, thin, oval shaped cockroach was found on Surveyor's shirt. Initially itching began on the back of the neck, then pin prick sensation was felt on back of right shoulder. The cockroach crawled over the front of the chest and then onto the outside of shirt. Immediate itching and two small, raised bumps were on the skin on back of the shoulder. MA-C stated if she saw pests, including cockroaches she would write it in the workorder book at the nurse station and would also inform maintenance. Observation and interview on 08/20/25 at 11:58 AM a long, thin, brown crawling insect was found running out from behind the toilet in Resident #19's bathroom. The Regional Maintenance Consultant at the time of observation, when asked if he were aware of insects in the facility, he stated no, and that the pest control was here last week. When asked who checked for insects, he stated all the staff would report if they saw one. When asked how often the pest control company perform an inspection, he stated monthly and they were on-call. When asked how this affected the residents, he stated it would spread disease, be unsanitary, and there could be a possible infestation. In an interview on 08/20/25 at 3:00 PM, LVN-A was asked how would it affect residents if cockroaches were around, LVN-A stated it would not be clean or healthy and an infection control issue. LVN-A stated if she observed a cockroach, she would write a workorder for the maintenance to address. LVN-A stated we do live in Texas and there are roaches here. In an interview on 08/20/25 at 3:05 PM, The Regional Maintenance Consultant stated he did not see any cockroaches today, and only saw ants outdoors. The Regional Maintenance Consultant stated he heard about the Surveyor's report of the cockroach sighting, and he did some spraying. He stated that staff would document any sightings in the workorder book and let him know. The Regional Maintenance Consultant stated he called pest control today d/t the ants outside and that they would be at the facility 08/21/25. In an interview on 08/20/25 at 3:15 PM, the DON, when asked how cockroaches inside the building affect residents, she stated they were gross and scary. When asked if cockroaches carried disease, the DON stated yes. The DON stated maintenance scheduled monthly Pest Services and they spray for pests. Observation and interview on 08/21/2025 at 12:33 PM in Resident #19's bathroom a small brown cockroach with wings visible crawled in the gap between the toilet and the floor, when the door was opened and the light turned on. Resident #19 stated he had seen the large yard cockroaches come into the building during heavy rain but had not seen any cockroaches recently. Resident #19 stated he did not like them being around and if they don't crawl all over him, he was ok with them. Resident #19 stated he did not use the bathroom as he cannot get out of bed. In an interview on 08/20/25 at 3:25 PM, Resident #6 resided in Hall 5, stated she had not seen any cockroaches recently but when she was in a different hall about a year and a half ago there was an awful cockroach problem. Resident #6 stated her roommate at the time would soil her brief often and thought maybe that was attracting the cockroaches. Resident #6 stated they were icky, and one got onto her face back then, she wanted to scream. Record review of the facility pest control logbook revealed roaches were sighted on and addressed by pest control</p>		