

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2025
NAME OF PROVIDER OR SUPPLIER  Lytle Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  15366 Oak St Lytle, TX 78052	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review the facility failed to ensure the resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. The resident has the right to, and the facility must make prompt efforts to resolve grievances for 46 of 46 residents.</p> <ol style="list-style-type: none"> <li>1. The facility failed to have a grievance process in place to ensure the prompt resolution of all grievances regarding the residents' rights.</li> <li>2. The facility failed to have an established grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights.</li> </ol> <p>These failures could affect all residents and could result in residents/families not having their grievances resolved timely.</p> <p>Findings Included:</p> <p>Record review revealed there was no Grievance Log.</p> <p>Interview on 4/11/25 at 10:30 a.m. the DON stated, We just handle grievances as they come in and do not keep any type of log. The DON further stated the facility did not have any type of written form where residents or families could write down concerns or grievances and then receive written feedback on the resolution of the grievance. The DON stated that often during the Resident Council meeting, when concerns were voiced by residents in attendance those concerns were then relayed to Administration by the Activity Director by giving the Administrator a written copy of the Resident Council notes. The DON further stated there was no process for getting answers back to residents who voiced concerns during the meeting.</p> <p>On 4/11/25 at 10:30 a.m. a policy for grievances was requested and the DON stated the facility did not have a policy.</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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