

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Manor Healthcare Residence		STREET ADDRESS, CITY, STATE, ZIP CODE  831 Tehuacana Hwy Mexia, TX 76667	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>50360</p> <p>Based on observation, interview, and record review, the facility failed to provide a private space for residents' monthly council meetings and the confidential resident group meeting during survey for seven of seven anonymous residents reviewed for resident council.</p> <p>The facility did not provide a private space for resident council meetings.</p> <p>This failure could place residents, who attended resident council meetings, at risk of not being able to exercise their rights of being able to voice their grievances in private without uninvited staff being present.</p> <p>Findings Included:</p> <p>In a Resident Council interview on 9/11/24 at 2:00 pm, the AT Director gathered several residents and brought them to the Dining Room. In the Dining Room, there were several residents watching TV and several staff in and about the area attending to their daily duties. When asked if there was a more private space, the AT Director remarked that there was no space large enough. He then suggested to move the meeting to the front lobby area where it would be a bit quieter. This space was not private and there was no provision to have staff avoid the area.</p> <p>In an interview on 9/12/24 at 8:25 AM with the AT Director, he stated he was trained on Resident Rights via the company's online training forum. He stated he was trained on how to educate the residents about their rights by another AT Director. He added the purpose for Resident Council was for the residents to be able to discuss their concerns and the meeting should take place once a month. He did not disclose any training around the issue of privacy. When questioned about the issue of privacy and redirecting staff away from the area, he stated, I can't stop nothing.</p> <p>In an interview on 9/12/24 at 8:48 AM with the ADM she stated that the Resident Council meetings should be held monthly, the residents had the right to privacy, and to invite staff to assist. She stated that a negative outcome of not having privacy during resident council meetings could be that they may not feel comfortable disclosing their concerns. She stated that it was her responsibility to ensure Resident Council meetings were held in a location that would ensure privacy for the residents.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident Rights Policy, not dated, revealed residents had the right to personal privacy including accommodations, medical treatment, written and telephone communications, personal care, visits and meeting of family and resident groups.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49097</p> <p>Based on observations, interviews, and record review, the facility failed to ensure resident right for personal privacy for 5 of 5 residents (Resident #3, Resident #17, Resident #19, Resident #21 and Resident #40) reviewed for resident rights.</p> <p>The facility failed to knock on Residents #3, #17, #19, #21 and #40's rooms when going into the residents' rooms.</p> <p>This failure could affect all residents right to privacy in the facility and cause the resident to feel like their privacy was being invaded or the facility was not their home.</p> <p>Findings included:</p> <p>Review of Resident #3's Face Sheet dated 09/10/2024 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3's diagnoses included lack of coordination, muscle wasting, low back pain, skin cancer, solitary pulmonary nodule (small single mass in the lungs), tinea unguium (fungal nail infection), contact with COVID 19, pressure ulcer, abnormal weight loss, vitamin B12 deficiency, vitamin D deficiency, chronic obstructive pulmonary disease (chronic progressive lung disease), colostomy status (has a colostomy bag), need for assistance with personal hygiene, hyperlipidemia (high cholesterol), hypokalemia (low potassium levels), hyperthyroidism (excessive production of thyroid hormones), atrial fibrillation (abnormal heart rhythm), constipation, and calculus of bile duct (stones in the bile duct).</p> <p>Record review of Resident #3's Quarterly MDS assessment dated [DATE] revealed Resident #3 had a BIMS score of 15 indicating intact cognitive response.</p> <p>Review of Resident #17's Face Sheet dated 09/10/2024 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #17's diagnoses included macular degeneration (blurred vision), chronic pain, ovary cancer, gout (swollen arthritis), pacemaker, anemia (not enough healthy red blood cells), hypothyroidism (excessive production of thyroid hormones), type 2 diabetes mellitus without complications (high blood sugar), morbid obesity, hyperlipidemia (high cholesterol), insomnia (difficulty sleeping), hypertension (high blood pressure), artery dissection (tears in the layers of the artery), heart failure, muscle wasting, lack of coordination, and need for assistance with personal care.</p> <p>Record review of Resident #17's Quarterly MDS dated [DATE] revealed Resident #17 had a BIMS score of 15 indicating intact cognitive response.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's Face Sheet dated 09/10/2024 revealed she was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #19's diagnoses included cerebral infarction (long term effects of a stroke), upper respiratory infection, muscle wasting, idiopathic neuropathy (nerve damage with unclear cause), personal history of COVID, hypertension (high blood pressure), contact and exposure to other viral communicable diseases, pressure ulcer on right heel, and buttocks, insomnia (difficulty sleeping), dysphagia (difficulty swallowing), major depressive disorder, retention of urine, paraphilia (intense sexual arousal), heart failure, difficulty in walking, muscle wasting, hyperlipidemia (high cholesterol), hypokalemia (low potassium levels), alcohol use with intoxication, cocaine abuse, and gastroesophageal reflux disease without esophagitis (reflux).</p> <p>Record review of Resident #19's Quarterly MDS dated [DATE] revealed Resident #19 had a BIMS score of 6 indicating severe cognitive impairment.</p> <p>Review of Resident #21's Face Sheet dated 09/10/2024 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #21's diagnoses included chronic pulmonary disease (lung disease), lack of coordination, muscle wasting, dysphagia (difficulty swallowing), cognitive communication deficit (problems with communication), dysuria (painful or uncomfortable urination), rectal prolapse (when part of the large intestines slips outside the anus), hemorrhoids, major depressive disorder, tachycardia (fast heart rate), otalgia (earache), urticaria (bumps on the skin like a rash), ascites (accumulation of fluid in the abdomen), abnormal results of liver function, poly osteoarthritis (arthritis that affects multiple joints), urgency of urination, gastritis (swelling of the lining of the stomach), other stimulant dependence, critical illness myopathy (rapid evolving muscle weakness), type 2 diabetes mellitus with diabetic neuropathy (nerve damage due to diabetes), hypokalemia (low potassium levels), hypertension (high blood pressure), hyperlipidemia (high cholesterol), psychoactive substance dependency (need for psychoactive medication), cerebral infarction (stroke), tobacco use, and need for assistance with personal care.</p> <p>Record review of Resident #21's Quarterly MDS dated [DATE] revealed Resident #21 had a BIMS score of 12 indicating moderate impairment.</p> <p>Review of Resident #40's Face Sheet dated 09/10/2024 revealed she was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #40's diagnoses included ocular hypertension , constipation, pain, abscess of liver (pus filled cyst found in the liver) , anemia (not enough healthy red blood cells), hyperlipidemia (high cholesterol), cannabis abuse with psychotic disorder with delusions, delusional disorder, depression, anxiety, repeated falls, retention of urine, headaches, abnormal finding of the skull and head, prostate cancer, muscle wasting, muscle weakness, lack of coordination, insomnia (difficulty sleeping), adjustment disorder, and gastroesophageal reflux disease without esophagitis (reflux).</p> <p>Record review of Resident #40's Quarterly MDS dated [DATE] revealed Resident #40 had a BIMS score of 99 indicating resident was unable to complete the interview.</p> <p>Observation of lunch hall trays being passed on 09/10/2024 at 12:05 pm revealed that CNA A did not knock on Resident #3, Resident #21 and Resident #40's doors before entering.</p> <p>Observation of lunch hall trays being passed on 09/10/2024 at 12:13 pm revealed that CNA B did not knock on Resident #17 and Resident 19's door before entering.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with Resident #17 on 09/11/2024 at 8:01 am revealed that staff knock on the door most of the time. She said she does not get upset when staff do not knock. She said she would like staff to knock all the time because it is a good habit. She also said that it also lets her know someone is coming in her room.</p> <p>An interview with Resident #40 on 09/11/2024 at 8:12 am revealed that staff just walk into his room because his door was open. He said it does not bother him because they are like his family. He said he does not care if staff knock or not, it does not bother him.</p> <p>An interview with Resident #3 on 09/11/2024 at 8:23 am revealed that staff knock on her door sometimes. She said most of the time staff did not knock. She also said she does not get upset and that it does not bother her if they know what they are doing. She said she would like staff to knock so it does not startle her.</p> <p>An interview with Resident #21 on 09/11/2024 at 8:50 is revealed that staff did not always knock on her door. She said she is asleep most of the time and that it does not make her upset if staff do not knock. She also stated that she would like staff to knock so she will know when someone is in her room.</p> <p>An attempted interview with Resident #19 on 09/11/2024 at 9:00 am revealed it was unsuccessful. The resident did not want to answer any questions.</p> <p>An interview with the ADON on 09/11/2024 at 2:47 pm revealed staff had been trained on resident rights. He stated that the policy for knocking on the resident's door was to knock on the door, introduce themselves, and ask to come in. He said that everyone was required to knock on the resident's door because the facility was their home. He said that the resident may feel like staff were invading their privacy if they do not knock on the door. He stated he did not know why staff were not knocking on residents' doors. He also said that staff know that they were supposed to knock before entering.</p> <p>An interview with CNA A on 09/11/2024 at 3:15 pm revealed she had been trained on resident rights. She stated the policy for knocking on the resident door was to knock before entering. She also said that if the resident was not able to speak, staff were to knock again and announce themselves and then enter. She said everybody was supposed to knock before entering the resident's room. She said that some residents might think that their privacy was being invaded. She stated she was not paying attention and was just focused on getting the residents their food and it slipped her mind.</p> <p>An interview with CNA B on 09/11/2024 at 3:19 pm revealed she had been trained on resident rights. She stated the policy for knocking on the resident's door was to knock before entering and ask to come in. She said all staff were supposed to knock before entering. She said if staff were not knocking before entering, the resident might feel uncomfortable especially if they were on the toilet. She said she did not know why she did not knock before entering the residents' rooms.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the ADM on 09/12/2024 at 8:57 am revealed staff had been trained on resident rights. She stated the policy was to knock on the resident's door before entering. She said all staff were to knock before entering. She said residents could feel like staff were disrespecting them if they do not knock on the door. She said that herself, the DON, and ADON were responsible for monitoring staff knocking on the door. She said that the facility monitors staff knocking on the door by observations. She said that staff have gotten relaxed.</p> <p>Record review of the facility's Dignity Policy dated 2/2021 revealed that residents are treated with dignity and respect at all times. Staff are expected to knock and request permission before entering the residents' rooms.</p>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097</b></p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for foods safety for 1 of 1 kitchen reviewed for food safety and sanitation.</p> <p>The facility failed to ensure food items were sealed and not exposed to air in the freezer and in the dry storage area.</p> <p>This failure placed residents at risk of foodborne illness.</p> <p>Findings included:</p> <p>Observation of the kitchen freezer on [DATE] at 9:05 am revealed that a bag of sausage patties was torn open and exposed to air, a box of cinnamon rolls was open and exposed to air, and a box of cookie dough was open and exposed to air.</p> <p>Observation of the dry storage area on [DATE] at 9:09 am revealed that a bag of grits, a bag of corn tortillas, a bag of powder nonfat dry milk and a bag of corn muffin mix were not sealed, and all were exposed to air.</p> <p>An interview with the DM on [DATE] at 2:34 pm revealed that the policy for storing food was all food items were to be labeled, dated, and sealed. She said that all kitchen staff were responsible for ensuring that all food that had been opened or prepped was labeled, dated and sealed. She said if food were not sealed in the freezer, it could get frost bitten. She also said if food were not sealed in the dry storage area, bugs could get into the food, or it could become stale. She said that residents could get sick if food was not sealed. She said that she was responsible for monitoring to ensure that items were labeled, dated, and sealed. She said she monitors by doing a walk through every morning. She said she did not know why the food was not sealed.</p> <p>An interview with CK C on [DATE] at 2:41 pm revealed that the policy on food storage was that all food should be in an airtight container with the date opened and the date the food had expired . He said staff are to follow the first in first out method. He said all kitchen staff were responsible for ensuring that items are labeled, dated and sealed. He said if items are not sealed it could put the residents at risk of getting sick. He said that items were not sealed in the freezer possibly because the bag was not big enough or could not be sealed. He said if the bag were not too small that he did not know why the food would not be sealed.</p> <p>An interview with the ADM on [DATE] at 9:00 am revealed all food in the kitchen needed to be labeled, dated, and sealed. She also said that the food items were supposed to also be labeled with the expiration date. She said the DM was responsible for ensuring food was labeled, dated, and sealed. She said if food were not labeled, dated, and sealed, it could put the residents at risk of getting sick. She said that she monitor ed that the food items are labeled, dated and sealed monthly. She said does a walk through the kitchen every month to ensure that food is labeled, dated and sealed. She said she was not sure why the food was not sealed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's Dietary Services Policy and Procedures dated 2012 revealed all unused food must be securely covered. Food must be covered when stored, with the date label identifying what was in the container.</p>		