

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45604</p> <p>Based on interview and record review the facility failed to implement their written policies and procedures that prohibit and prevent abuse and neglect for 2 of 6 residents (Resident#1 and #2) reviewed for investigating and reporting abuse and neglect.</p> <p>1. The facility failed to conduct a thorough investigation and report to SSA after Resident #1 was found on the floor, observed with a skin tear and hematoma to the right eyebrow and hematoma to the right check on 5/24/2024, and Resident#1 was unable to provide details on how the incident occurred.</p> <p>2. The facility failed to conduct a thorough investigation and report to SSA after Resident #2 an a family member of Resdient#2 alleged an incident of abuse on 5/31/2024.</p> <p>These deficient practices could have placed residents at risk for abuse, neglect, exploitation, and or mistreatment.</p> <p>Findings Included:</p> <p>Record review of facility policy titled Abuse, Neglect and Exploitation (ANE) Prohibition (revised April 2024) revealed the following in part:</p> <p>The Facility will investigate and take corrective action resulting from reported or identified situations in which abuse, neglect, injuries of unknown source, or misappropriation of resident property is at risk of occurring, as required by state and federal regulations.</p> <p>Investigation</p> <ul style="list-style-type: none"> o The Facility will conduct a timely investigation of any alleged abuse/neglect, exploitation, mistreatment, injuries of unknown origin, or misappropriation of resident property. The investigation should include: gathering evidence, interviewing witnesses, conducting surveys as indicated, reviewing medical records, and examining any relevant documentation. o The Facility will fully cooperate with external agencies (state regulators & law enforcement). o The Facility will record all investigation findings, interviews, and actions taken. <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: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o The Facility will assess gathered evidence to review and determine the extent and nature of the allegation.</p> <p>o Investigative findings will be documented on appropriate state forms as applicable.</p> <p>.The Facility will submit a summary of its investigation as required by applicable state and federal regulations.</p> <p>Record review of Long-Term Care Regulatory Provider Letter (PL) 19-17 dated 07/10/2019 reflected in part .</p> <p>A NF(nursing facility) must report to HHSC the following types of incidents, in accordance with applicable state and federal requirements: Abuse, Emergency situation that pose a threat to resident health and safety. The following table describes required reporting timeframes for each incident type: Types of Incident: Abuse (with or without serious bodily injury) .When to Report: Immediately, but not later than two hours after the incident occurs or is suspected. An incident that does not result in serious bodily injury and involves: neglect, exploitation, a missing resident, misappropriation, drug theft, fire , emergency situations that pose a threat to resident health and safety, a death under unusual circumstances Immediately, but not later than 24 hours after the incident occurs or is suspected .</p> <p>Attachment 1: Definitions and Examples of ANE and other Reportable Incidents</p> <p>Please note this document is intended as guidance only. The examples in this attachment are not all inclusive. Many other possible scenarios are reportable.</p> <p>Abuse:</p> <p>HHSC rules define abuse as:</p> <p>The negligent or willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical or emotional harm or pain to a resident; or sexual abuse, including involuntary or nonconsensual sexual conduct that would constitute an offense under Penal Code S21.08 (indecent exposure) or Penal Code Chapter 22 (assaultive offenses), sexual harassment, sexual coercion, or sexual assault.¹¹</p> <p>CMS defines abuse as:</p> <p>The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.¹² .</p> <p>Injuries of unknown source:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Note: an injury should be classified as an injury of unknown source when both of the following conditions are met:</p> <p>? The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and</p> <p>? The injury is suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one point in time or the incidence of injuries over time.19 .</p> <p>Example of an injury of unknown source that must be reported:</p> <p>A resident has bruising on their left cheek bone area that was determined to be non-serious. No one witnessed the source of the injury. Although the injury was determined to be non-serious, the injury is suspicious because of the location of the injury .</p> <p>Record review of facility policy titled Accidents and Incidents - Investigating and Reporting dated 9/19/21 revealed the following in part:</p> <p>All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator.</p> <ol style="list-style-type: none"> 1. The Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 2. The following data, as applicable, shall be included on the Report of Incident/Accident form: <ol style="list-style-type: none"> a. The date and time the accident or incident took place; b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.); c. The circumstances surrounding the accident or incident; d. Where the accident or incident took place; e. The name(s) of witnesses and their accounts of the accident or incident; f. The injured person's account of the accident or incident; g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions; h. The date/time the injured person's family was notified and by whom; i. The condition of the injured person, including his/her vital signs; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);</p> <p>k. Any corrective action taken;</p> <p>l. Follow-up information;</p> <p>m. Other pertinent data as necessary or required; and</p> <p>n. The signature and title of the person completing the report.</p> <p>3. This facility is in compliance with current rules and regulations governing accidents .</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet dated 06/04/2024 revealed a [AGE] year-old female admitted originally on 07/06/2020 and most recently on 09/13/2023 to the secure unit. Her primary diagnoses included Dementia (loss of cognitive functioning that interferes with daily life), with secondary diagnosis to include repeated falls.</p> <p>Record review of Resident #1's Annual MDS dated [DATE] revealed a BIMS score of 5 which indicated severe cognitive impairment.</p> <p>Record review of Resident #1's undated care plan revealed the following in part:</p> <p>Focus: Falls</p> <p>Resident #1 is at high risk for falls and injuries AEB impulsiveness, repositioning self in wheelchair, behaviors, weakness, confusion. Resident has a history of refusing therapy screens / evals[evaluations] and refusing restorative. Actual fall 05/24/2024 with injury to right eye.</p> <p>Goal: Resident #1 will be free from further falls and injuries over the next 90 days.</p> <p>Interventions/Tasks: notify hospice, anticipate needs, assure lighting is adequate and areas are free of clutter, ensure call light is within reach and answer promptly, an encourage socialization and activity attendance as of 05/24/24.</p> <p>Date initiated: 05/31/2024. Revision on: 05/31/2024.</p> <p>Resident #2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's face sheet dated 06/04/2024 revealed a [AGE] year-old male admitted originally on 02/25/2024 and most recently on 04/18/2024 to the secure unit. His diagnoses included the following: Dementia (loss of cognitive functioning that interferes with daily life), Schizophrenia (mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behavior), bipolar disorder (mental health condition that causes extreme mood swings that include emotional highs and lows), muscle wasting, ataxic gait (poor muscle control), hypertension (high blood pressure), and hypothyroidism (underactive thyroid gland).</p> <p>Record review of Resident #2's Admission MDS dated [DATE] revealed a BIMS score of 6 which indicated severe cognitive impairment. Section E- Behavior revealed Resident #2 had A. physical behavior symptoms directed towards others (e.g. hitting, kicking, pushing, scratching, grabbing, abusing others sexually). B. Verbal behavioral symptoms directed toward others (e.g. threatening others, screaming at others, cursing at others).</p> <p>Record review of Resident #2's care plan dated 06/04/2024 revealed the following in part:</p> <p>Focus: Delusions: Resident #1 has demonstrated episodes of delusions and is at risk for injury AEB multiple delusional statements. Date initiated: 05/31/2024. Revision on: 05/31/2024.</p> <p>Goal: Resident #2 will have 1 or no episodes of delusions weekly and will remain free from injury over the next 90 days. Date Initiated: 05/31/2024. Revision on 05/31/2024. Target date: 03/20/2024.</p> <p>Interventions/Task: Do not agree with resident that you believe in their delusions. Tell resident that you believe they are having active delusions and you do not experience the same delusions they are experiencing. Date Initiated: 05/31/2024. Notify MD of changes in behavior. Dated initiated: 05/31/2024. Psych consult as needed. Date Initiated: 05/31/2024.</p> <p>Record review of Resident #2's progress note dated 05/31/2024 at 2:00 p.m. written by LVN A revealed the following: Note Text: Resident [Resident #2] speaking on phone with his [family member] when he held the phone out and said, she wants to talk to you. [Family member] explained to this nurse that resident stated to her that [named person that was not able to be identified] has come into his room and beat him up then drug him into hallway. [Family member] voiced that she would be sending an e-mail to [Administrator] and would cc DON and SW. This nurse expressed that once off the phone skin assessment would be performed and DON, ADON and social worker would be notified. Resident denies pain. Skin assessment shows no signs of physical alteration.</p> <p>Record review of Resident #2's progress note dated 05/31/2024 at 10:08 a.m. written by the SW revealed the following: Note Text: While checking my room rounds, resident started to follow this writer, this writer stopped to ask how the resident was doing. Resident explained that [NAME] and he were fighting last night and wanted a different job to do. He is not a fighting type of person and does not want to get involved in any of that. He wanted a different job today to keep his mind busy since he had nothing better to do anyway. This writer asked what kind of job he would like to do; it was then that this resident said that [NAME] was his supervisor, and they were fighting all last night. This writer did not notice any redness, open skin or bruising on resident's face, arms or knuckles. This writer asked if he liked puzzles to keep his mind busy, resident said he would if he had to but prefers word searches to keep his mind busy. Notified Activity Director regarding word search books for this resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/04/2024 at 10:18am with Resident#1, she was not interviewable. Resident #1 was observed laying in the bed with bed in lowest position, call light in reach, and fall matt in place. Resident #1 was observed with bruising to left side of the face near the cheek and temple that was purple in color.</p> <p>Interview on 06/04/2024 at 11:37 a.m. with Resident #2, he said a man that usually sat over there (as he pointed toward the wall) dragged me on the floor. Resident #2 was not able to recall a name of a resident or staff that could be identified or if he was injured.</p> <p>Interview attempted on 06/04/2024 at 1:52 p.m. with LVN A. The call failed on multiple attempts.</p> <p>Interview on 06/04/2024 at 1:55p.m. with the Administrator, she said LVN A was out of the country and not able to accept phone calls.</p> <p>Interview on 06/04/2024 at 1:57p.m. with the SW, she said on 05/30/24 she completed rounds on the secure unit and Resident #2 followed her around. The SW said she asked Resident #2 how he was doing. The SW said Resident #2 said he fought with Unknown person, and he was dragged out of his room on the floor. The SW said she looked at Resident #2 and did not see any visible red spots and his knuckles were not bruised. The SW said these signs would have meant to her that Resident #2 had been in a fight and Resident #2 had a delusional episode therefore the fight did not happen. The SW said when Resident #2 further mentioned Unknown person was his supervisor, she assumed that meant he was having a delusional episode. The SW said the facility did not have a male by the name Resident #2 mentioned. The SW said Resident #2 did not show signs he had been beaten up. She said she did not report the allegation of abuse to the Abuse Coordinator (Administrator) because she was on vacation. The SW said she reported it to the DON. SW said she created a soft file. The SW said she did not investigate but created a soft file. She said the soft file would have been safe surveys conducted with residents. The SW said she did not think Resident #2 was at risk of abuse because she determined the allegations was not true based on Resident #2's history of delusional episodes.</p> <p>Interview on 06/04/2024 at 2:15 p.m. with the DON, she said she did not complete an investigation and did not report to the Administrator because she was on vacation. The DON said a few staff and [LVN A] were asked if they saw anything and it was determined the allegation was unfounded because he [Resident #2] mentioned his past job's supervisor. The DON said if we would have suspected abuse then we would have reported to the state. She said an allegation of abuse would have been reported the Administrator but because the resident mentioned a supervisor was the person that dragged him, she therefore determined the incident was not true. She said LVN A kept Resident #2 close to her throughout her shift and passed on the information to the next shift. She also said because it is not uncommon for him [Resident #2] to have delusions she did not think it was necessary to report this type of incident. The DON said she was not the designee, and the SW was responsible for the investigation. She said the SW would have created a soft file. She said she did not have a file and it would have consisted of the nurse's progress notes and safe surveys that the SW would have completed. She said there was no other documentation for the soft file. The DON said Resident #2 was not ask risk for abuse because she concluded the allegation of abuse was not true because of Resident #2's history of delusional episodes.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Phone interview on 06/04/2024 at 2:32p.m. with Resident #2's family member, said she talked on the phone with Resident #2 on 05/30/2024 and he said a person fought with him and dragged him on the floor. She asked Resident #2 to give the phone to LVN A. She said LVN A said she would report it to the DON. She said she sent an email to the SW, DON and Administrator on 5/30/2024.</p> <p>Phone interview on 06/04/2024 at 3:03p.m. with RN B, she said she worked 6:00pm to 6:00am on the memory care unit and she was familiar with Resident #1 who was a high fall risk. She said that she recalled Resident#1's had an unwitnessed fall on 05/24/2024 after she was observed on the floor by a CNA, and Resident#1 was not able to say how she got on the floor. She said that Resident#1 was covered in blood, observed with an open wound to the eyebrow with bruising to the eyebrow and the side of the face. She was unsure if the injuries were to the right or left side of Resident#1's face. She said that she contacted the NP (Nurse Practitioner), DON, RP (responsibility party) and hospice nurse to inform them of the fall. She said the NP gave orders to monitor with neurological checks, and no orders to send the resident to the hospital were provided. She said that the hospice nurse gave no new orders when contacted, and the RP did not request to send resident out to the hospital. She said that she was unsure if there was a facility investigation or if the incident was reported to the SSA, it was the decision of the Administrator or DON to investigate and report, and she was not interviewed after the incident. She said she had been trained to report allegations of abuse and neglect to the Abuse Coordinator, which was the Administrator. She said that she was trained to report all falls witness or unwitnessed to the DON who gives the information to the Administrator.</p> <p>Interview on 06/04/2024 at 3:11pm with the Administrator, she said that she started at the facility on 05/18/2023. She said that she was on leave from 05/25/2024 through 06/04/2024, but she did work half a day on 05/25/24. She said that allegations of abuse and neglect and incidents or accidents are investigated by both the Administrator and DON. She said in her absence the DON should report allegations of abuse or neglect and incidents or accidents to the Regional Clinical Nurse or Regional Director of Operations, who assist DON in reporting and completing the investigation in her absence. She said that the DON contacted her about the incident involving Resident#2, and she instructed the DON start the investigation and report to the Regional Clinical Nurse or Regional Director of Operations. She said that a soft file should be started for investigations to include SBAR(Situation, Background, Assessment and Recommendation), Pain Assessment, Risk Management Report, written statement, safety surveys, and in services as a part of the investigation. She said that a soft file of investigations would be maintained regardless of incidents being reported to the SSA. She said that if an investigation was not completed the risk to residents is the inability to exclude that abuse or neglect occurred. She said that there should be a soft file completed for both incidents involving Resident#1 and #2, and she agreed to provide a copy. She agreed to provide a copy of policy for completing provider investigations.</p> <p>Interview on 06/04/2024 at 3:25pm with the DON, she said that she was familiar with resident#1, and her last fall was on 05/24/2024. She said that the fall was unwitnessed, the Resident#1 sustain an injury, and Resident#1 was not able to say how the fall took place. She said an investigation was done regarding the fall of Resident#1. She said that she interviewed the nurse (RN B), but she did not get a witness statement. She said that the nurse (RN B) completed a SBAR, progress notes, and risk management report with the details of the fall. She said that there should be a file with record of the investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/04/2024 at 4:31 p.m. with the Administrator said she contacted the Regional RN today and was told that the allegation of abuse made by Resident #2 should have been self-reported to the state and an investigation should have been completed. The Administrator said any allegation no matter if it came from a resident or family member should have been reported to the state and then investigated. The Administrator said she was on vacation when Resident #2 made the allegation. She said the resident was at risk for further abuse since there was not an investigation conducted to determine whether the allegation happened or not.</p> <p>Interview on 06/04/2024 at 5:27pm with the Administrator, she said that Provider Investigation Reports were not completed regarding the incidents involving Residents #1 and #2, and she said that there were no soft files maintained for completed investigations. She said that she created a soft file for both incidents on 06/04/2024, and she had the SW initiate safety checks on 06/04/2024. She said that in-services were not initiated after the incidents took place. She said that all supporting documents should have been initiated on the day of the incidents and files maintained. She said that the facility did not have a policy and procedure for Provider Investigation Reports.</p> <p>Record review of email sent by Resident #2's family member dated 5/30/2024 at 4:44p.m. revealed the following in part:</p> <p>To: [Administrator, SW, and DON]: . [Resident #2 reported to me via phone call today, May 30, 2024, at 1:30p.m. [Unknown person] keeps beating [his] ass and dragging him in the hallway I did speak with [LVN A] after talking to [Resident #2] about the accusations . I'm not sure if [Resident #2] is having hallucinations .I would like for this to be looked into ASAP .</p> <p>Record review of SSA database Texas Unified Licensure Information Portal(TULIP) on 06/04/2024 revealed no incident report or provider investigation report were found concerning incidents involving Resident#1 on 05/24/2024 or Resident #2 on 05/30/2024.</p> <p>Record review of written statement completed by the Administrator and dated 06/04/2024 reflected in part, We do not have a company policy and procedures for the provider investigation report.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45604</p> <p>Based on observation, interviews and record review, the facility failed to ensure all alleged violations involving abuse and neglect were reported immediately but not later than 24 hours if the events that cause the allegation did not involve abuse and did not result in serious bodily injury to the State Survey Agency (SSA) for 2 of 6 residents (Resident #1 and #2) reviewed for reporting.</p> <ol style="list-style-type: none"> The facility failed to report an unwitnessed fall to the SSA when Resident #1 was found on the floor, was unable to provide details on how the fall occurred, and staff assessed Resident#1 to have a skin tear and hematoma (bruise) to the right eyebrow and a hematoma to the right cheek on 05/24/2024. The facility failed to report the allegation of abuse alleged by Resident #2 on 05/31/2024 to the SSA. <p>These failures could place residents at the facility from having complaints and concerns reported and investigated for abuse, physical harm, mental anguish, and emotional distress.</p> <p>Finding included:</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet dated 06/04/2024 revealed a [AGE] year-old female admitted originally on 07/06/2020 and most recently on 09/13/2023 to the secure unit. Her primary diagnoses included Dementia (loss of cognitive functioning that interferes with daily life), with secondary diagnosis to include repeated falls.</p> <p>Record review of Resident #1's Annual MDS dated [DATE] revealed a BIMS score of 5 which indicated severe cognitive impairment.</p> <p>Record review of Resident #1's undated care plan revealed the following in part:</p> <p>Focus: Falls</p> <p>Resident #1 is at high risk for falls and injuries AEB impulsiveness, repositioning self in wheelchair, behaviors, weakness, confusion. Resident has a history of refusing therapy screens / evals[evaluations] and refusing restorative. Actual fall 05/24/2024 with injury to right eye.</p> <p>Goal: Resident #1 will be free from further falls and injuries over the next 90 days.</p> <p>Interventions/Tasks: notify hospice, anticipate needs, assure lighting is adequate and areas are free of clutter, ensure call light is within reach and answer promptly, an encourage socialization and activity attendance as of 5/24/24.</p> <p>Date initiated: 05/31/2024. Revision on: 05/31/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Risk Management Report completed by RN B, dated 05/24/2024 reflected in part that Resident #1 .was observed on the floor next to roommate's bed. Bed at lowest level with fall mat in place next to bed. Resident crying and fist clenched. Blood was smeared on floor. Both hands and arms and face also had blood. After cleaning up the blood. Only one skin tear (2.5cmX0.2cm) to right eyebrow. Hematoma to right eyebrow (1cmX1.5cm) and right check[sic](2.5cmX2.5cm) Resident Unable to give Description</p> <p>Resident #2</p> <p>Record review of Resident #2's face sheet dated 06/04/2024 revealed a [AGE] year-old male admitted originally on 02/25/2024 and most recently on 04/18/2024 to the secure unit. His diagnoses included the following: Dementia (loss of cognitive functioning that interferes with daily life), Schizophrenia (mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behavior), bipolar disorder (mental health condition that causes extreme mood swings that include emotional highs and lows), muscle wasting, ataxic gait (poor muscle control), hypertension (high blood pressure), and hypothyroidism (underactive thyroid gland).</p> <p>Record review of Resident #2's Admission MDS dated [DATE] revealed a BIMS score of 6 which indicated severe cognitive impairment. Section E- Behavior revealed Resident #2 had A. physical behavior symptoms directed towards others (e.g. hitting, kicking, pushing, scratching, grabbing, abusing others sexually). B. Verbal behavioral symptoms directed toward others (e.g. threatening others, screaming at others, cursing at others).</p> <p>Record review of Resident #2's care plan dated 06/04/2024 revealed the following in part:</p> <p>Focus: Delusions: Resident #1 has demonstrated episodes of delusions and is at risk for injury AEB multiple delusional statements. Date initiated: 05/31/2024. Revision on: 05/31/2024.</p> <p>Goal: Resident #2 will have 1 or no episodes of delusions weekly and will remain free from injury over the next 90 days. Date Initiated: 05/31/2024. Revision on 05/31/2024. Target date: 03/20/2024.</p> <p>Interventions/Task: Do not agree with resident that you believe in their delusions. Tell resident that you believe they are having active delusions and you do not experience the same delusions they are experiencing. Date Initiated: 05/31/2024. Notify MD of changes in behavior. Dated initiated: 05/31/2024. Psych consult as needed. Date Initiated: 05/31/2024.</p> <p>Record review of Resident #2's progress note dated 05/31/2024 at 2:00 p.m. written by LVN A revealed the following: Note Text: Resident [Resident #2] speaking on phone with his [family member] when he held the phone out and said, she wants to talk to you. [Family member] explained to this nurse that resident stated to her that [named person that was not able to be identified] has come into his room and beat him up then drug him into hallway. [Family member] voiced that she would be sending an e-mail to [Administrator] and would cc DON and SW. This nurse expressed that once off the phone skin assessment would be performed and DON, ADON and social worker would be notified. Resident denies pain. Skin assessment shows no signs of physical alteration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's progress note dated 5/31/24 at 10:08 a.m. written by the SW revealed the following: Note Text: While checking my room rounds, resident started to follow this writer, this writer stopped to ask how the resident was doing. Resident explained that Unknown person and he were fighting last night and wanted a different job to do. He is not a fighting type of person and does not want to get involved in any of that. He wanted a different job today to keep his mind busy since he had nothing better to do anyway. This writer asked what kind of job he would like to do; it was then that this resident said that unknown person was his supervisor, and they were fighting all last night. This writer did not notice any redness, open skin or bruising on resident's face, arms or knuckles. This writer asked if he liked puzzles to keep his mind busy, resident said he would if he had to but prefers word searches to keep his mind busy. Notified Activity Director regarding word search books for this resident.</p> <p>Interview and observation on 06/04/2024 at 10:18am with Resident#1, revealed she was not interviewable. Resident #1 was observed lying in the bed with the bed in lowest position, call light in reach, and fall mat in place. Resident #1 was observed with bruising to the left side of the face near the cheek and temple that was purple in color.</p> <p>Interview on 06/04/2024 at 11:37 a.m. with Resident #2, he said A man that usually sat over there (as he pointed toward the wall) dragged me on the floor. Resident #2 was not able to recall a name of a resident or staff that could be identified or if he was injured.</p> <p>Interview attempted on 06/04/2024 at 1:52 p.m. with LVN A. The call failed on multiple attempts.</p> <p>Interview on 06/04/2024 at 1:55p.m. with the Administrator, she said LVN A was out of the country and not able to accept phone calls.</p> <p>Interview on 06/04/2024 at 1:57p.m. with the SW, she said on 05/30/2024 she completed rounds on the secure unit and Resident #2 followed her around. The SW said she asked Resident #2 how he was doing. The SW said Resident #2 said he fought with unknown person and he was dragged out of his room on the floor. The SW said she looked at Resident #2 and did not see any visible red spots and his knuckles were not bruised. The SW said these signs would have meant to her that Resident #2 had been in a fight and Resident #2 had a history of delusional episode therefore the fight did not happen. The SW said Resident #2 did not show signs he had been beaten up. The SW said when Resident #2 further mentioned unknown person was his supervisor, she assumed that that meant he was having a delusional episode. The SW said the facility did not have a male by the name Resident #2 mentioned. She said she did not report the allegation of abuse to the Abuse Coordinator (Administrator) because she was on vacation. SW said she reported it to the DON on the day Resident told her. SW said she created a soft file. The SW said she did not investigate but created a soft file. She said the soft file would have been safe surveys conducted with residents. The SW said she had been trained to investigate after an allegation of abuse was reported by a resident, staff or family member. The SW said again, because the resident had a history of delusional episodes and there was not a resident of staff that had the same name Resident #2 mentioned, then there was no fight or abuse. The SW said she had been trained to report allegations of abuse to the Abuse Coordinator, which was the Administrator. The SW said again, because the resident had a history of delusional episodes and there was not an employee of staff with the name unknown person, then there was no fight or abuse.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/04/2024 at 2:15 p.m. with the DON, she said she did not complete an investigation for an allegation of alleged abuse and did not report to the Administrator because she was on vacation. The DON said a few staff and [LVN A] were asked if they saw anything and it was determined the allegation was unfounded because he [Resident #2] mentioned his past job's supervisor. The DON said if I would have suspected abuse then I would have reported to the state. She said an allegation of abuse would have been reported to the Administrator but because the resident mentioned a supervisor Unknown person was the person that dragged him, she therefore determined the incident was not true. She said LVN A kept Resident #2 close to her throughout her shift and passed on the information to the next shift. She also said Because it is not uncommon for him [Resident #2] to have delusions she did not think it was necessary to report that type of incident. The DON said she would have to look at the policy for when the facility was supposed to self-report an allegation of abuse. She said if a soft file was created, the SW would have completed it. She said the soft file would have been the progress notes and the safe surveys the SW would have completed. The DON said she did not have a file for the incident. The DON said she was not the designee to report to the state while the Administrator was on vacation. She said the Regional RN would have been the person make a self-report to the state and she said she notified her.</p> <p>Phone interview on 06/04/2024 at 2:32p.m. with Resident #2's family member, she said she talked on the phone with Resident #2 on 05/30/2024, and Resident #2 said a person fought with him and dragged him on the floor. She asked Resident #2 to give the phone to LVN A. She said LVN A said she would report it to the DON. She said she sent an email to the SW, DON and Administrator on 5/30/2024.</p> <p>Phone interview on 06/04/2024 at 3:03p.m. with RN B, she said she worked 6:00pm to 6:00am on the memory care unit and she was familiar with Resident #1 who was a high fall risk. She said that she recalled Resident#1's had an unwitnessed fall on 05/24/2024 after she was observed on the floor by a CNA, and Resident#1 was not able to say how she got on the floor. She said that Resident#1 was covered in blood, observed with an open wound to the eyebrow with bruising to the eyebrow and the side of the face. She was unsure if the injuries were to the right or left side of Resident#1's face. She said that she contacted the NP (Nurse Practitioner), DON, RP (responsibility party) and hospice nurse to inform them of the fall. She said the NP gave orders to monitor with neurological checks, and no orders to send the resident to the hospital were provided. She said that the hospice nurse gave no new orders when contacted, and the RP did not request to send resident out to the hospital. She said that she was unsure if there was a facility investigation or if the incident was reported to the SSA, it was the decision of the Administrator or DON to investigate and report, and she was not interviewed after the incident. She said she had been trained to report allegations of abuse and neglect to the Abuse Coordinator, which was the Administrator. She said that she was trained to report all falls witness or unwitnessed to the DON who gives the information to the Administrator.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/04/2024 at 3:11pm with the Administrator, she said that she started at the facility on 05/18/2023. She said that she was on leave from 05/25/2024 through 06/04/2024, but she did work half a day on 05/25/2024. She said that unwitnessed falls with injuries were reported to the SSA when a resident was unable to say how the fall occurred. She said that the incident should be reported immediately, no later than 24 hours. She said that she used the provider letter issued by SSA as guidelines for reporting, and she agreed to provide a copy of the provider letter used. She said that the risk to residents for not reporting or investigating unwitnessed falls with injuries to the SSA was that it was unknown how the resident would have sustained the injury due to no witnesses, the resident was not able to say how the injuries were sustained, and abuse or neglect could not be excluded. She reviewed the electronic medical records for Resident #1. She said that Resident #1 had an unwitnessed fall on 05/24/2024, with injuries, and Resident #1 was not able to say how the fall occurred. She said that the fall was not reported to the SSA and it was an oversight. She said that she was not at work when the incident involving Resident #2 took place, and the DON was instructed not to report the incident to the SSA by the Regional RN as there was no abuse or neglect, and the allegations were made due to mental illness.</p> <p>Interview on 06/04/2024 at 3:25pm with the DON, she said that she was familiar with Resident #1, and her last fall was on 05/24/2024. She said that the fall was unwitnessed, the Resident #1 sustained an injury, and Resident #1 was not able to say how the fall took place. She said that she was not sure of the reporting guidelines when there was an unwitnessed fall. She said that the incident involving Resident #1 was not reported to the SSA because abuse or neglect was not suspected. She said that information on falls are discussed during the morning meetings with Administrator, and the Administrator was aware of Resident#1's fall.</p> <p>Interview on 06/04/2024 at 4:05pm with the NP, he said that he was contacted after Resident #1 had unwitnessed fall on 05/24/2024 with a wound to the head and bleeding. He said that he gave orders to complete neurological checks, and contact hospice and family to see if they wanted to send Resident #1 to the hospital. He said that he did not have concerns for abuse or neglect, but it could not be ruled out because Resident#1 was not able to say what happened and there were no witnesses. He said that he was familiar with the facility's policy, and he believed the incident should have been reported to the SSA immediately or within a few hours.</p> <p>Interview on 06/04/2024 at 4:31 p.m. the Administrator said she contacted the Regional RN today and was told that the allegation of abuse made by Resident #2 should have been self-reported to the state. The Administrator said any allegation no matter if it came from a resident or family member should have been reported to the state and then investigated. The Administrator said she was on vacation when Resident #2 made the allegation.</p> <p>Record review of email sent by Resident #2's family member dated 5/30/2024 at 4:44p.m. revealed the following in part:</p> <p>To: [Administrator, SW, and DON]: . [Resident #2 reported to me via phone call today, May 30, 2024 at 1:30p. m. [Unknown person] keeps beating [his] ass and dragging him in the hallway I did speak with [LVN A] after talking to [Resident #2] about the accusations . I'm not sure if [Resident #2] is having hallucinations .I would like for this to be looked into ASAP .</p> <p>Record review of facility policy for Abuse, Neglect and Exploitation (ANE) Prohibition (revised April 2024) reflected in part, .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Nursing Facility strictly prohibits abuse, neglect, exploitation, or any mistreatment of residents by anyone at the Facility, including: staff, residents, volunteers, visitors, and others. This policy includes 7 key components: Screening, Training, Prevention, Identification, Investigation, Protection, and Reporting/Response. The Administrator or appointed designee serves as the ANE Prohibition Coordinator, overseeing the policy and investigations .</p> <p>Definitions .</p> <p>Abuse</p> <p>-The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled by technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>-Abuse may include physical abuse, emotional/psychological abuse, sexual abuse, and abuse facilitated or enabled by technology and may involve the willful infliction of injury, involuntary seclusion/confinement, intimidation, cruel punishment, retaliation, or deprivation of essential services to a resident .</p> <p>Injury of Unknown Source</p> <p>-Physical injury observed on a resident where the cause or origin of the injury cannot be readily determined or explained .</p> <p>Reporting and Response</p> <p>Type of Incident:</p> <p>Incident that does not result in serious bodily injury and involves: Emergency Situations that pose a threat to resident health and safety .</p> <p>When to Report:</p> <p>Immediately, but not later than 24 hours after the incident occurs or is suspected Definitions, reporting guidelines, and responses are governed by applicable state and federal regulations, including HHSC(Health and Human Service Commission) PL(Provider Letter) 19-17 or as amended by subsequent Provider Letter. To the extent that this policy contradicts an HHSC Provider Letter or other state or federal law, rule, regulation, or guidance, then the applicable Provider Letter or state or federal law rule, regulation or guidance will govern and override any portions of this policy that are in conflict.</p> <p>Record review of Long-Term Care Regulatory Provider Letter (PL) 19-17 dated 07/10/2019 reflected in part .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A NF(nursing facility) must report to HHSC the following types of incidents, in accordance with applicable state and federal requirements: Abuse, Emergency situation that pose a threat to resident health and safety. The following table describes required reporting timeframes for each incident type: Types of Incident: Abuse (with or without serious bodily injury) .When to Report: Immediately, but not later than two hours after the incident occurs or is suspected. An incident that does not result in serious bodily injury and involves: neglect, exploitation, a missing resident, misappropriation, drug theft, fire , emergency situations that pose a threat to resident health and safety, a death under unusual circumstances Immediately, but not later than 24 hours after the incident occurs or is suspected .</p> <p>Attachment 1: Definitions and Examples of ANE and other Reportable Incidents</p> <p>Please note this document is intended as guidance only. The examples in this attachment are not all inclusive. Many other possible scenarios are reportable.</p> <p>Abuse:</p> <p>HHSC rules define abuse as:</p> <p>The negligent or willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical or emotional harm or pain to a resident; or sexual abuse, including involuntary or nonconsensual sexual conduct that would constitute an offense under Penal Code S21.08 (indecent exposure) or Penal Code Chapter 22 (assaultive offenses), sexual harassment, sexual coercion, or sexual assault.11</p> <p>CMS defines abuse as:</p> <p>The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.12 .</p> <p>Injuries of unknown source:</p> <p>Note: an injury should be classified as an injury of unknown source when both of the following conditions are met:</p> <p>? The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and</p> <p>? The injury is suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one point in time or the incidence of injuries over time.19 .</p> <p>Example of an injury of unknown source that must be reported:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A resident has bruising on their left cheek bone area that was determined to be non-serious. No one witnessed the source of the injury. Although the injury was determined to be non-serious, the injury is suspicious because of the location of the injury .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45604</p> <p>Based on interview and record review the facility failed to thoroughly investigate and to prevent further potential abuse, neglect, exploitation or mistreatment while the investigation is in process, and failed to ensure corrective action must be taken for 2 of 6 residents (Resident#1 and #2) reviewed for abuse.</p> <p>1. The facility failed to investigate after Resident #1 was found on the floor, observed with a skin tear and hematoma to the right eyebrow and hematoma to the right check on 5/24/2024, and Resident#1 was unable to provide details on how the incident occurred.</p> <p>2. The facility failed to report the allegation of abuse alleged by Resident #2 on 5/31/24 to the State Agency.</p> <p>These deficient practices could have placed residents at risk for abuse, neglect, exploitation, and or mistreatment.</p> <p>Findings included:</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet dated 06/04/2024 revealed a [AGE] year-old female admitted originally on 07/06/2020 and most recently on 09/13/2023 to the secure unit. Her primary diagnoses included Dementia (loss of cognitive functioning that interferes with daily life), with secondary diagnosis to include repeated falls.</p> <p>Record review of Resident #1's Annual MDS dated [DATE] revealed a BIMS score of 5 which indicated severe cognitive impairment.</p> <p>Record review of Resident #1's undated care plan revealed the following in part:</p> <p>Focus: Falls</p> <p>Resident #1 is at high risk for falls and injuries AEB impulsiveness, repositioning self in wheelchair, behaviors, weakness, confusion. Resident has a history of refusing therapy screens / evals[evaluations] and refusing restorative. Actual fall 05/24/2024 with injury to right eye.</p> <p>Goal: Resident #1 will be free from further falls and injuries over the next 90 days.</p> <p>Interventions/Tasks: notify hospice, anticipate needs, assure lighting is adequate and areas are free of clutter, ensure call light is within reach and answer promptly, an encourage socialization and activity attendance as of 5/24/24.</p> <p>Date initiated: 05/31/2024. Revision on: 05/31/2024.</p> <p>Resident #2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's face sheet dated 6/4/24 revealed a [AGE] year-old male admitted originally on 2/25/24 and most recently on 4/18/24 to the secure unit. His diagnoses included the following: Dementia (loss of cognitive functioning that interferes with daily life), Schizophrenia (mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behavior), bipolar disorder (mental health condition that causes extreme mood swings that include emotional highs and lows), muscle wasting, ataxic gait (poor muscle control), hypertension (high blood pressure), and hypothyroidism (underactive thyroid gland).</p> <p>Record review of Resident #2's Admission MDS dated [DATE] revealed a BIMS score of 6 which indicated severe cognitive impairment. Section E- Behavior revealed Resident #2 had A. physical behavior symptoms directed towards others (e.g. hitting, kicking, pushing, scratching, grabbing, abusing others sexually). B. Verbal behavioral symptoms directed toward others (e.g. threatening others, screaming at others, cursing at others).</p> <p>Record review of Resident #2's care plan dated 6/4/24 revealed the following in part:</p> <p>Focus: Delusions: Resident #1 has demonstrated episodes of delusions and is at risk for injury AEB multiple delusional statements. Date initiated: 5/31/24. Revision on: 5/31/24.</p> <p>Goal: Resident #2 will have 1 or no episodes of delusions weekly and will remain free from injury over the next 90 days. Date Initiated: 5/31/24. Revision on 5/31/24. Target date: 3/20/24.</p> <p>Interventions/Task: Do not agree with resident that you believe in their delusions. Tell resident that you believe they are having active delusions and you do not experience the same delusions they are experiencing. Date Initiated: 5/31/24. Notify MD of changes in behavior. Dated initiated: 5/31/24. Psych consult as needed. Date Initiated: 5/31/24.</p> <p>Record review of Resident #2's progress note dated 5/31/24 at 2:00 p.m. written by LVN A revealed the following: Note Text: Resident [Resident #2] speaking on phone with his [family member] when he held the phone out and said, she wants to talk to you. [Family member] explained to this nurse that resident stated to her that [named person that was not able to be identified] has come into his room and beat him up then drug him into hallway. [Family member] voiced that she would be sending an e-mail to [Administrator] and would cc DON and SW. This nurse expressed that once off the phone skin assessment would be performed and DON, ADON and social worker would be notified. Resident denies pain. Skin assessment shows no signs of physical alteration.</p> <p>Record review of Resident #2's progress note dated 5/31/24 at 10:08 a.m. written by the SW revealed the following: Note Text: While checking my room rounds, resident started to follow this writer, this writer stopped to ask how the resident was doing. Resident explained that [NAME] and he were fighting last night and wanted a different job to do. He is not a fighting type of person and does not want to get involved in any of that. He wanted a different job today to keep his mind busy since he had nothing better to do anyway. This writer asked what kind of job he would like to do; it was then that this resident said that [NAME] was his supervisor, and they were fighting all last night. This writer did not notice any redness, open skin or bruising on resident's face, arms or knuckles. This writer asked if he liked puzzles to keep his mind busy, resident said he would if he had to but prefers word searches to keep his mind busy. Notified Activity Director regarding word search books for this resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and observation on 06/04/2024 at 10:18am with Resident#1, she was not interviewable. Resident #1 was observed laying in the bed with bed in lowest position, call light in reach, and fall matt in place. Resident #1 was observed with bruising to left side of the face near the cheek and temple that was purple in color.</p> <p>Interview on 06/04/2024 at 11:37 a.m. with Resident #2, he said a man that usually sat over there (as he pointed toward the wall) dragged me on the floor. Resident #2 was not able to recall a name of a resident or staff that could be identified or if he was injured.</p> <p>Interview attempted on 06/04/2024 at 1:52 p.m. with LVN A. The call failed on multiple attempts.</p> <p>Interview on 06/04/2024 at 1:55p.m. with the Administrator, she said LVN A was out of the country and not able to accept phone calls.</p> <p>Interview on 06/04/2024 at 1:57p.m. with the SW, she said on 05/30/24 she completed rounds on the secure unit and Resident #2 followed her around. The SW said she asked Resident #2 how he was doing. The SW said Resident #2 said he fought with Unknown person, and he was dragged out of his room on the floor. The SW said she looked at Resident #2 and did not see any visible red spots and his knuckles were not bruised. The SW said these signs would have meant to her that Resident #2 had been in a fight and Resident #2 had a delusional episode therefore the fight did not happen. The SW said when Resident #2 further mentioned Unknown person was his supervisor, she assumed that meant he was having a delusional episode. The SW said the facility did not have a male by the name Resident #2 mentioned. The SW said Resident #2 did not show signs he had been beaten up. She said she did not report the allegation of abuse to the Abuse Coordinator (Administrator) because she was on vacation. The SW said she reported it to the DON. SW said she created a soft file. The SW said she did not investigate but created a soft file. She said the soft file would have been safe surveys conducted with residents. The SW said she did not think Resident #2 was at risk of abuse because she determined the allegations was not true based on Resident #2's history of delusional episodes.</p> <p>Interview on 06/04/2024 at 2:15 p.m. with the DON, she said she did not complete an investigation and did not report to the Administrator because she was on vacation. The DON said a few staff and [LVN A] were asked if they saw anything and it was determined the allegation was unfounded because he [Resident #2] mentioned his past job's supervisor. The DON said if we would have suspected abuse then we would have reported to the state. She said an allegation of abuse would have been reported the Administrator but because the resident mentioned a supervisor named [NAME] was the person that dragged him, she therefore determined the incident was not true. She said LVN A kept Resident #2 close to her throughout her shift and passed on the information to the next shift. She also said because it is not uncommon for him [Resident #2] to have delusions she did not think it was necessary to report this type of incident. The DON said she was not the designee, and the SW was responsible for the investigation. She said the SW would have created a soft file. She said she did not have a file and it would have consisted of the nurse's progress notes and safe surveys that the SW would have completed. She said there was no other documentation for the soft file. The DON said Resident #2 was not ask risk for abuse because she concluded the allegation of abuse was not true because of Resident #2's history of delusional episodes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Phone interview on 6/4/2024 at 2:32p.m. with Resident #2's family member, said she talked on the phone with Resident #2 on 5/30/2024 and he said a person fought with him and dragged him on the floor. She asked Resident #2 to give the phone to LVN A. She said LVN A said she would report it to the DON. She said she sent an email to the SW, DON and Administrator on 5/30/2024.</p> <p>Phone interview on 06/04/2024 at 3:03p.m. with RN B, she said she worked 6:00pm to 6:00am on the memory care unit and she was familiar with Resident #1 who was a high fall risk. She said that she recalled Resident#1's had an unwitnessed fall on 05/24/2024 after she was observed on the floor by a CNA, and Resident#1 was not able to say how she got on the floor. She said that Resident#1 was covered in blood, observed with an open wound to the eyebrow with bruising to the eyebrow and the side of the face. She was unsure if the injuries were to the right or left side of Resident#1's face. She said that she contacted the NP (Nurse Practitioner), DON, RP (responsibility party) and hospice nurse to inform them of the fall. She said the NP gave orders to monitor with neurological checks, and no orders to send the resident to the hospital were provided. She said that the hospice nurse gave no new orders when contacted, and the RP did not request to send resident out to the hospital. She said that she was unsure if there was a facility investigation or if the incident was reported to the SSA, it was the decision of the Administrator or DON to investigate and report, and she was not interviewed after the incident. She said she had been trained to report allegations of abuse and neglect to the Abuse Coordinator, which was the Administrator. She said that she was trained to report all falls witness or unwitnessed to the DON who gives the information to the Administrator.</p> <p>Interview on 06/04/2024 at 3:11pm with the Administrator, she said that she started at the facility on 05/18/2023. She said that she was on leave from 05/25/2024 through 06/04/2024, but she did work half a day on 05/25/24. She said that allegations of abuse and neglect and incidents or accidents are investigated by both the Administrator and DON. She said in her absence the DON should report allegations of abuse or neglect and incidents or accidents to the Regional Clinical Nurse or Regional Director of Operations, who assist DON in reporting and completing the investigation in her absence. She said that the DON contacted her about the incident involving Resident#2, and she instructed the DON start the investigation and report to the Regional Clinical Nurse or Regional Director of Operations. She said that a soft file should be started for investigations to include SBAR, Pain Assessment, Risk Management Report, written statement, safety surveys, and in services as a part of the investigation. She said that a soft file would be maintained regardless of incidents being reported to the SSA. She said that if an investigation was not completed the risk to residents is the inability to exclude that abuse or neglect occurred. She said that there should be a soft file completed for both incidents involving Resident#1 and #2, and she agreed to provide a copy. She agreed to provide a copy of policy for completing provider investigations.</p> <p>Interview on 06/04/2024 at 3:25pm with the DON, she said that she was familiar with resident#1, and her last fall was on 05/24/2024. She said that the fall was unwitnessed, the Resident#1 sustain an injury, and Resident#1 was not able to say how the fall took place. She said an investigation was done regarding the fall of Resident#1. She said that she interviewed the nurse (RN B), but she did not get a witness statement. She said that the nurse (RN B) completed a SBAR, progress notes, and risk management report with the details of the fall. She said that there should be a file with record of the investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/04/2024 at 4:31 p.m. with the Administrator said she contacted the Regional RN today and was told that the allegation of abuse made by Resident #2 should have been self-reported to the state and an investigation should have been completed. The Administrator said any allegation no matter if it came from a resident or family member should have been reported to the state and then investigated. The Administrator said she was on vacation when Resident #2 made the allegation. She said the resident was at risk for further abuse since there was not an investigation conducted to determine whether the allegation happened or not.</p> <p>Interview on 06/04/2024 at 5:27pm with the Administrator, she said that Provider Investigation Reports were not completed regarding the incidents involving Residents #1 and #2, and she said that there were no soft files maintained for completed investigations. She said that she created a soft file for both incidents on 06/04/2024, and she had the SW initiate safety checks on 06/04/2024. She said that in-services were not initiated after the incidents took place. She said that all supporting documents should have been initiated on the day of the incidents and files maintained. She said that the facility did not have a policy and procedure for Provider Investigation Reports.</p> <p>Record review of email sent by Resident #2's family member dated 5/30/2024 at 4:44p.m. revealed the following in part:</p> <p>To: [Administrator, SW, and DON]: . [Resident #2 reported to me via phone call today, May 30, 2024, at 1:30p.m. [Unknown person] keeps beating [his] ass and dragging him in the hallway I did speak with [LVN A] after talking to [Resident #2] about the accusations . I'm not sure if [Resident #2] is having hallucinations .I would like for this to be looked into ASAP .</p> <p>Record review of written statement completed by the Administrator and dated 06/04/2024 reflected in part, We do not have a company policy and procedures for the provider investigation report.</p> <p>Record review of facility policy titled Abuse, Neglect and Exploitation (ANE) Prohibition (revised April 2024) revealed the following in part:</p> <p>The Facility will investigate and take corrective action resulting from reported or identified situations in which abuse, neglect, injuries of unknown source, or misappropriation of resident property is at risk of occurring, as required by state and federal regulations.</p> <p>Investigation</p> <ul style="list-style-type: none"> o The Facility will conduct a timely investigation of any alleged abuse/neglect, exploitation, mistreatment, injuries of unknown origin, or misappropriation of resident property. The investigation should include: gathering evidence, interviewing witnesses, conducting surveys as indicated, reviewing medical records, and examining any relevant documentation. o The Facility will fully cooperate with external agencies (state regulators & law enforcement). o The Facility will record all investigation findings, interviews, and actions taken. o The Facility will assess gathered evidence to review and determine the extent and nature of the allegation. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o Investigative findings will be documented on appropriate state forms as applicable.</p> <p>.The Facility will submit a summary of its investigation as required by applicable state and federal regulations.</p> <p>Record review of facility policy titled Accidents and Incidents - Investigating and Reporting dated 9/19/21 revealed the following in part:</p> <p>All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator.</p> <p>1. The Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p> <p>2. The following data, as applicable, shall be included on the Report of Incident/Accident form:</p> <p>a. The date and time the accident or incident took place;</p> <p>b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);</p> <p>c. The circumstances surrounding the accident or incident;</p> <p>d. Where the accident or incident took place;</p> <p>e. The name(s) of witnesses and their accounts of the accident or incident;</p> <p>f. The injured person's account of the accident or incident;</p> <p>g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions;</p> <p>h. The date/time the injured person's family was notified and by whom;</p> <p>i. The condition of the injured person, including his/her vital signs;</p> <p>j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);</p> <p>k. Any corrective action taken;</p> <p>l. Follow-up information;</p> <p>m. Other pertinent data as necessary or required; and</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>n. The signature and title of the person completing the report.</p> <p>3. This facility is in compliance with current rules and regulations governing accidents .</p>