STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675371	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverview Nursing & Rehabilitation	1102 River Rd Boerne, TX 78006

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41095 Based on observation, interview and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 17 of 17 male residents in the male memory care unit and 18 of 18 female residents in the female memory care unit reviewed for dignity. During dining observation, all residents in the memory care units, including Residents #44, #53 and #65 were observed eating with plastic utensils while residents in the general population were allowed to eat with metal silverware. This failure placed residents at risk for diminished quality of life, loss of dignity, and self-worth. Findings included: During observation of the noon meal service on 04/23/24 at 12:46 pm, residents on both male and female memory care units were observed using plastic utensils. RN A who was in the dining room during this observation stated they had to do this since residents used metal utensils as tools to get out of the windows. All residents were noted to be eating well. Residents were not interviewable and unable to discuss use of plastic utensils but were able to indicate whether or not they liked the food. Residents #44, #65 and #53 resided in the male memory care unit and were observed eating with plastic utensils during the meal service. During an interviews with ADON B and RN A on 04/26/24 at 11:30 am, ADON B stated they had care planned all of the residents to reflect they would use plastic utensils due to safety concerns. RN A stated Residents are crafty and they hide the silverware. We would have to do a strip search of everyone after meals if we found we were missing silverware. We care planned everyone and are trying to keep them safe. The residents haven't complained about using plasticware. Record review of Care Plan dated 02/20/24 for Resident #44 revealed a care plan focus that included Uses plastic utensils during meals related to potential for using metal utensils as tools/devices to facilitate elopement. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #44's face sheet documented a [AGE] year-old male admitted [DATE]. Resident #44's diagnoses includes unspecified intracranial injury with loss of consciousness of unspecified duration, hemiplegia affecting left dominant side, gastrostomy status, and unspecified dementia with other behavioral disturbance. Record review of Resident #44's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating he was cognitively intact. Several attempts were made to interview Resident #44 during the survey but were unsuccessful due to his inability to express himself. Record reviews of Care Plans for Resident #65 dated 04/17/24 and Resident #53 dated 03/18/24, did not include a care plan focus regarding use of plastic utensils. Record review of Resident #65's face sheet documented an [AGE] year-old male admitted to facility 03/06/24. Resident #65's diagnoses included unspecified cirrhosis of the liver, senile degeneration of brain, myelodysplastic syndrome (a group of disorders caused when something disrupts the production of blood cells), and Hodgkin lymphoma (cancer of the lymph nodes). Record review of Resident #65's Admission MDS dated [DATE] revealed a BIMS score of 01 indicating severe cognitive impairment. Record review of Resident #53's face sheet documented an [AGE] year-old male originally admitted to the facility 03/13/24 and readmitted [DATE]. The diagnoses included Methicillin Resistant Staphylococcus Aureus infection (an infection that is resistant to many types of antibiotics), acute and chronic respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily function), unspecified dementia (a group of conditions characterized by impairment of at least two brain functions such as memory loss and judgment), anorexia (an eating disorder characterized by restriction of food intake leading to low body weight), generalized anxiety disorder (severe, ongoing anxiety that interferes with daily activities) and chronic systolic (congestive) heart failure (a chronic condition in which the heart doesn't pump blood as well as it should). Record review of Resident #53's Significant Changes MDS assessment dated [DATE] revealed a BIMS score of 13 indicating resident was cognitively intact.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41095 Based on record review and interview, the facility failed to ensure residents had the right to formulate an advanced directive for 2 of 6 residents (Resident #44 and #65) reviewed for advance directives. 1. Resident #44's OOH-DNR form dated 02/17/22 was invalid because the attending physician's date signed, license number and printed name were missing from the form. 2. Resident #65's OOH-DNR form dated 03/06/24 was invalid because the attending physician's date signed, license number and printed name were missing from the form. This failure could result in resident DNR's not being properly executed. The findings included: 1. Record review of Resident #44's face sheet documented a [AGE] year-old male admitted [DATE]. Resident #44's diagnoses includes unspecified intracranial injury with loss of consciousness of unspecified duration, hemiplegia affecting left dominant side, gastrostomy status, and unspecified dementia with other behavioral disturbance. Record review of Resident #44's care plan documented a focus problem as Resident desires advance directive of choice code status - Do Not Resuscitate (DNR) No cardiopulmonary resuscitation; transcutaneous cardiac pacing, defibrillation, advanced airway management, or artificial ventilation. Record review of Resident #44's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating he was cognitively intact. Record review of Resident #44's Out of Hospital Do Not Resuscitate form dated 02/17/22 was appropriately signed by his legal guardian and two witnesses. The physician signed the document but failed to include the physician's printed name, date and license number. 2. Record review of Resident #65's face sheet documented an [AGE] year-old male admitted to facility 03/06/24. Resident #65's diagnoses included unspecified cirrhosis of the liver, senile degeneration of brain, myelodysplastic syndrome (a group of disorders caused when something disrupts the production of blood cells), and Hodgkin lymphoma (cancer of the lymph nodes). Record review of Resident #65's care plan documented a focus problem as death and dying issues related to terminal condition, as evidenced by hospice diagnosis of senile degeneration of the brain. An additional focus problem states Resident and or RP/family have advance directive of choice to be DNR status out of hospital DNR. Record review of Resident #65's Admission MDS dated [DATE] revealed a BIMS score of 01 indicating severe cognitive impairment. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #65's Out of Hospital Do Not Resuscitate form dated 03/06/24 revealed it was signed by his Medical Power of Attorney and two witnesses in both of the appropriate places. The form was signed by the physician but did not include the physician's printed name, date or license number. During an interview with SW on 04/25/24 at 9:40 am, SW was asked about the DNR forms and the missing documentation. SW agreed the forms were not properly executed and should be corrected. Both forms had the same physician so the SW stated she would ensure the doctor was contacted since the DNR status would no longer be valid until corrected. A copy of #44's DNR was in the binder for hospice so SW stated hospice will need to be notified of the need for correction. During the conversation with the SW, the Administrator came into the office and was informed of the DNR forms need for corrections. ADM agreed they should be corrected as soon as possible. The SW had only taken the position 3 weeks ago but stated she would be doing an audit of all DNR forms to ensure they were correct and valid.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41095 Based on observation and interview the facility failed to maintain a safe, clean, comfortable, and homelike environment for 15 of 15 resident rooms in the Men's Secure Unit reviewed in that: 1. Most of the room numbers were missing. 2. None of the 15 rooms were personalized with pictures or decorations for the residents residing in them. 3. Furniture in the resident rooms was in disrepair. 4. Floors appeared to be dirty. These failures could place residents at risk for an unsafe and unsanitary environment and diminished quality of life. Findings included: Observations of resident rooms #1-#15 from 4/23/24 through 4/26/24 revealed almost all of the rooms did not have the room numbers by the door or names of the residents occupying the rooms. Furniture in most of the rooms was observed to be in disrepair. For example, on 04/26/24 at 9:41 am room [ROOM NUMBER] was observed to contain a chest of drawers with the drawers off track and would not close. On 04/26/24 at 9:53 am, room [ROOM NUMBER] was observed to have a sticky trail of some substance across the floor in bedroom area. On 04/26/24 at 9:54 am room [ROOM NUMBER] was observed to have knobs missing from the chest of drawers and a nightstand containing 3 drawers that were off track and would not close. LVN H tried to close the drawers and realized the tracks for the drawers were broken. Other observations of the area revealed there were no personalized rooms with pictures and only a few pictures were on the wall in the hallway of the unit. During an interview on 4/26/24 at 10:01 am, Adm stated, We are in the process of replacing beds and furniture. We have gotten some nightstands. Adm acknowledged the observations that many nightstands are off track. Adm stated, I am aware that furniture needs to be replaced and the floors are in need of attention. We are getting ready to strip and wax the floors. During the interview, the Adm was asked about the fact that there were no pictures on the walls of rooms and rooms were not personalized. Adm said they have tried to put decorations on walls but the residents tear them down. Adm stated they are working on trying to find a solution to this issue. Adm stated he could not provide any documentation of efforts to secure additional furniture or decorations for the men's secure unit prior to exit.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46677 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for 1 of 1 kitchen observed for food service. 1. The Dietary Manager C (DM C), Cook D and Dietary Aid E (DA E) failed to wear beard restraints while working in the kitchen. 2. The Visiting Dietary Manager G (VDM G) was wearing jewelry while preparing food in the kitchen. 3. In dry storage a dented can of tomatoes, received date 11/14/23, observed on 04/23/24 on rack with all other can goods to be used. These failures could affect the residents who received meals from the kitchen and place them at risk for foodborne illness. Findings included: Observation of the facilities only kitchen on 04/23/2024 at 8:57 AM revealed DM C and DA E not wearing beard restraints while in the kitchen around food being prepared. Cook D was not wearing a beard restraint covering all his facial hair. Observation of the facilities only kitchen dry storage on 04/23/2024 at 9:03 AM revealed a can of dented tomatoes, received date 11/14/23, on storage rack with other cans to be used. Observations of the facilities only kitchen on 04/25/2024 at 8:35 AM revealed Cook D and DA E not wearing a beard restraint while in the kitchen around food being prepared. Observation of the facilities only kitchen dry storage on 04/25/2024 at 8:35 AM revealed a can of dented tomatoes, received date 11/14/23, on storage rack with other cans to be used. Observation of the facilities only kitchen on 04/25/2024 at 11:55 AM revealed VDM G wearing jewelry while frying pork patties for lunch. Interview with Cook D on 04/25/2024 at 9:31 AM revealed the Cook held a current food handler certificate. Cook D stated hair restraints were to be worn by all staff entering the kitchen to prevent food born illness. Cook D stated that it was important to were hair and beard restraints to prevent contaminating food while preparing and serving. Cook D stated that hair and beard restraints were to be worn in a way to cover all hair and facial hair. Cook D stated when preparing canned foods, the kitchen staff check the cans for damage. If the cans are damaged the kitchen staff do not use them. Cook D was not sure what happened to the cans that were damaged. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with DA E on 04/25/2024 at 9:40 AM revealed DA E held a current food handler certificate. DA E stated he did not prepare or serve food and had no knowledge of a dented can policy. When asked, DA E stated that he was supposed to wear a hair and beard restraint while around food or prepping drinks for meals. DA E stated that he was not required to wear a hair or beard restraint while doing dishes or walking around the kitchen. DA E stated that hair and beard restraints are important to prevent the drinks from becoming contaminated. DA E stated he did not know what could happen to the residents if drinks or food were contaminated. Interview with Dietary Manager F (DM F) on 04/25/2024 at 9:52 AM revealed it was DM F the facility did not have a written policy for dented cans. When asked, DM F stated that they were not to use dented cans when preparing foods, but the facility did not have policy on what to do with them. DM F stated that the kitchen staff will check the cans when they come off the can rack to ensure they are not dented or damaged in any way before using them. DM F stated that the facility did not have a storage location for dented cans to be stored away from cans that can be used. DM F also stated that hair and beard restraints are to be worn by all persons entering the kitchen. DM F stated hair and beard restraints are covered in the food handler's course and should be enforced by the facilities Dietary Manager. Interview with VDM G on 04/25/2024 at 12:07 PM revealed she was not aware if the facility had a policy regarding wearing jewelry while in the kitchen. VDM G stated that she held a current Dietary Manager certificate and knew that she was not to wear hand jewelry while cooking food. Interview with RN A on 04/26/2024 at 12:52 PM revealed the facility did not have policy's addressing how to store or dispose of dented cans or staff wearing jewelry while in the kitchen. RN A stated that the facility followed requirements for hair and beard restraints in the SOM Appendix PP provided by the state. Interview with DM C not completed because he was terminated on 04/24/2024 prior to being interviewed. Record review of the kitchen staff's food handler certifications revealed all dietary staff held valid food handler certificates. Record review of facility provide SOM, undated, Appendix PP states S 228.43. Hair Restraints. (a) Except as provided in subsection (b) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, on 04/24/2024, states 2-303. 11 Jewelry Prohibition. Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, on 04/24/2024, states 3-101. 11 Safe, Unadulterated, and Honestly Presented. Depending on the circumstances, rusted and pitted or dented cans may also present a serious potential hazard. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, on 04/24/2024, states Except as provided in, (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41095 Based on interview and record review, the facility failed to collaborate with hospice representatives and coordinate the hospice care planning process for each resident receiving hospice services, to ensure quality of care for the resident, ensuring communication with the hospice medical director, the resident's attending physician and others participating in the provision of care for 2 of 2 residents (Residents #53 and #65) reviewed for hospice services in that: The facility failed to maintain required hospice forms and documentation in the current hospice binders in the facility to ensure residents received adequate end-of-life care. This failure could place the residents who receive hospice services at-risk of receiving inadequate end-of-life care due to a lack of documentation, coordination of care and communication of resident needs. The findings included: Record review of Resident #53's face sheet documented an [AGE] year-old male originally admitted to the facility 03/13/24 and readmitted [DATE]. The diagnoses included Methicillin Resistant Staphylococcus Aureus infection (an infection that is resistant to many types of antibiotics), acute and chronic respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily function), unspecified dementia (a group of conditions characterized by impairment of at least two brain functions such as memory loss and judgment), anorexia (an eating disorder characterized by restriction of food intake leading to low body weight), generalized anxiety disorder (severe, ongoing anxiety that interferes with daily activities) and chronic systolic (congestive) heart failure (a chronic condition in which the heart doesn't pump blood as well as it should). Record review of Resident #53's care plan documented a focus problem as death and dying issues related to terminal condition, as evidenced by hospice diagnosis of CHF (congestive heart failure) . Record review of Resident #53's Significant Changes MDS assessment dated [DATE] revealed a BIMS score of 13 indicating resident was cognitively intact. Record review of Resident #65's face sheet documented an [AGE] year-old male admitted to facility 03/06/24. Resident #65's diagnoses included unspecified cirrhosis of the liver, senile degeneration of brain, myelodysplastic syndrome (a group of disorders caused when something disrupts the production of blood cells), and Hodgkin lymphoma (cancer of the lymph nodes). Record review of Resident #65's care plan documented a focus problem as death and dying issues related to terminal condition, as evidenced by hospice diagnosis of senile degeneration of the brain. An additional focus problem states Resident and or RP/family have advance directive of choice to be DNR status out of hospital DNR. Record review of Resident #65's Admission MDS dated [DATE] revealed a BIMS score of 01 indicating severe cognitive impairment. (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the hospice binders for Resident #53 and #65 revealed a lack of required forms including the hospice election form and certification of terminal illness by the physician as well as evidence of coordination of care plans between the hospices and facility. During an interview with SW on 04/25/24 at 9:20 am, SW stated she was not aware of the required forms from hospice. SW stated she would contact both hospices representing the two identified residents to obtain the forms. The Adm entered the SW office during this interview and was made aware of the missing documentation. The required forms and documentation were provided to surveyor prior to the exit of the survey.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41095 Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for 1 (Men's Secure Unit) of 4 resident halls reviewed for pests, in that: 1. A dead roach was observed in the bottom of the handrail on A Hall, the men's secure unit, on 04/26/24. 2. A live roach was observed in the bathroom in Resident room [ROOM NUMBER] on the men's secure unit on 04/26/24. This deficient practice could place residents at risk of residing in an environment with pests. Findings included: During an observation of the Men's Secure Unit on 04/26/24 at 9:41 am, Surveyor I observed a dead roach in the bottom of one of the handrails. LVN H called housekeeping and a housekeeper came to the unit to remove the roach and cleaned the handrail. LVN H stated, they just sprayed 3 days ago so maybe that was why there was a dead bug. LVN H stated he did not know if the pest control company sprayed in the Men's Unit. LVN H further stated that housekeeping comes in daily to clean but had not been in the unit as of this time. Upon further observation of the unit on 04/26/24 at 9:45 am, Surveyor I noted a live roach crawling around in the bathroom of room [ROOM NUMBER]. When asked about the process for reporting pests, LVN H stated I let the BOM know if I see bugs and she calls pest control. There is also a book at the nurses station for pest control. During an interview on 04/26/24 at 10:01 am, Adm stated I am aware of pest control issues. I haven't heard of bug issues in the unit. I am working with residents who have food in their room to ensure they keep food in closed containers. Record review of Pest Control book revealed pest control comes at least monthly and upon request. The last monthly visit was dated 04/01/24.