

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Havencare Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Ruthlynn Dr Longview, TX 75601	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44637</p> <p>Based on interview and record review, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan for 4 of 7 (Resident #1, Resident #2, Resident #3, and Resident #4) residents reviewed for quality of care.</p> <p>The facility failed to ensure Resident #1's had a skin assessment performed weekly on 8/9/24 and 8/16/24 per facility policy.</p> <p>The facility failed to ensure Resident #2, Resident #3, and Resident #4 had skin assessment performed weekly on 8/16/24 per facility policy.</p> <p>These failures could result in skin issues on residents being missed, skin issues deteriorating without being monitored, and decreased quality of life.</p> <p>Findings Included:</p> <p>1. Record review of the face sheet dated 8/28/24 indicated Resident #1 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses including dementia, hypertension (elevated blood pressure), muscle weakness, and depression.</p> <p>Record review of the MDS dated [DATE] indicated Resident #1 usually understood others and was usually understood by others. The MDS indicated Resident #1 had a BIMS of 08 and was moderately cognitively impaired. The MDS indicated Resident #1 was at risk for developing pressure ulcers.</p> <p>Record review of the care plan revised 7/5/24 indicated Resident #1 was at moderate risk for impaired skin integrity with interventions including licensed nurse would assess skin and document assessment weekly.</p> <p>Record review of the weekly skin assessment for August 2024 indicated Resident #1 had a skin assessment on 8/2/24 and 8/23/24. The weekly skin assessments indicated Resident #1 did not have a skin assessment on 8/9/24 or 8/16/24.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #1 did not have any skin impairment.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Havencare Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Ruthlynn Dr Longview, TX 75601	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the weekly skin assessment dated [DATE] indicated Resident #1 did not have any skin impairment.</p> <p>2. Record review of the face sheet dated 8/28/24 indicated Resident #2 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including dementia, muscle weakness, diabetes, psychosis (a mental disorder characterized by a disconnection from reality), and hypertension.</p> <p>Record review of the MDS dated [DATE] indicated Resident #2 sometimes understood others and was sometimes understood by others. The MDS indicated Resident #2 had a BIMS of 08 and was moderately cognitively impaired. The MDS indicated Resident #2 was at risk for developing pressure ulcers</p> <p>Record review of the care plan revised 6/3/2024 indicated Resident #2 was at minimum risk for impaired skin integrity with interventions including licensed nurse would assess skin and document assessment weekly.</p> <p>Record review of the weekly skin assessment for August 2024 indicated Resident #2 had a skin assessment on 8/2/24, 8/9/24 and 8/23/24. The weekly skin assessments indicated Resident #2 did not have a skin assessment on 8/16/24.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #2 had redness under her right breast.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #2 redness/moisture under her left and right breasts.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #2 had yeast rash/redness under her left and right breasts with a treatment in place.</p> <p>3. Record review of the face sheet dated 8/28/24 indicated Resident #3 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses including dementia, muscle weakness, and lack of coordination.</p> <p>Record review of the MDS dated [DATE] indicated Resident #3 usually understood others and was usually understood by others. The MDS indicated Resident #3 had a BIMS of 06 and was severely cognitively impaired. The MDS indicated Resident #3 was at risk for developing pressure ulcers.</p> <p>Record review of the care plan revised 4/14/24 indicated Resident #3 had an ADL self-care deficit.</p> <p>Record review of the weekly skin assessment for August 2024 indicated Resident #3 had a skin assessment on 8/2/24, 8/9/24 and 8/23/24. The weekly skin assessments indicated Resident #3 did not have a skin assessment on 8/16/24.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #3 did not have any skin impairment.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #3 did not have any skin impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Havencare Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Ruthlynn Dr Longview, TX 75601	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the weekly skin assessment dated [DATE] indicated Resident #3 did not have any skin impairment.</p> <p>4. Record review of the face sheet dated 8/28/24 indicated Resident #4 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including dementia, muscle weakness, diabetes, hypertension, and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>Record review of the MDS dated [DATE] indicated Resident #4 usually understood others and was usually understood by others. The MDS indicated Resident #4 had a BIMS of 09 and was moderately cognitively impaired. The MDS indicated Resident #4 was not at risk for developing pressure ulcers.</p> <p>Record review of the care plan revised 6/4/24 indicated Resident #4 was at minimum risk for impaired skin integrity with interventions including licensed nurse would assess skin and document assessment weekly.</p> <p>Record review of the weekly skin assessment for August 2024 indicated Resident #4 had a skin assessment on 8/2/24, 8/9/24 and 8/23/24. The weekly skin assessments indicated Resident #4 did not have a skin assessment on 8/16/24.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #4 did not have any skin impairment.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #4 did not have any skin impairment.</p> <p>Record review of the weekly skin assessment dated [DATE] indicated Resident #4 had yeast rash/redness to her left and right breasts.</p> <p>During an interview on 8/28/24 at 2:13 p.m. the Treatment Nurse said she had been the Treatment Nurse for approximately 2.5 years. The Treatment Nurse said skin assessments should be performed weekly. The Treatment Nurse said skin assessments were documented in the residents' EMR. The Treatment Nurse said the importance of weekly skin assessments was to observe each resident's skin and catch any skin issues early. The Treatment Nurse said the reason she did not perform skin assessments on Resident #1, Resident #2, Resident #3, and Resident #4 the week of 8/12/24 through 8/16/24 was because she was off work on 8/14/24, 8/15/24, and 8/16/24. The Treatment Nurse said she did not know who was responsible for completing skin assessments while she was off. The Treatment Nurse said the DON would had to have assigned the skin assessments to someone. The Treatment Nurse said Resident #1 not having a skin assessment documented for 8/9/24 was an oversight on her part. The Treatment Nurse said she knows she did a skin assessment on Resident #1 that day, but it could not be proven she had performed a skin assessment or if the resident had any issues if it was not documented. The Treatment nurse said a yeast rash could worsen in a week's time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Havencare Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Ruthlynn Dr Longview, TX 75601	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/28/24 at 2:46 p.m. the DON said skin assessments should be performed weekly and as needed. The DON said the Treatment Nurse was responsible for performing weekly scheduled skin assessments. The DON said if the Treatment Nurse was off then either the charge nurse or another designated nurse was responsible for weekly scheduled skin assessments. The DON said she and the ADON would verbally tell the nurses and hang notes at each nursing station to let them know when they were responsible for the weekly scheduled skin assessments. The DON said the importance of weekly skin assessments was to inspect the skin for any rashes, wound, skin tears, bruising, etc. and monitor existing skin issues. The DON said on 8/14/24, 8/15/24, and 8/16/24 the charge nurses would have been responsible for completing the weekly skin assessments due to the Treatment Nurse being off. The DON said she would have expected the weekly skin assessment that were due to have been performed on 8/2/24 and 8/9/24. The DON said it was possible for skin issues to worsen in a week's time.</p> <p>During an interview on 8/28/24 at 3:27 p.m. the Administrator said she expected skin assessments to be performed weekly and on admission. The Administrator said the Treatment Nurse was responsible for weekly skin assessments and the admitting nurse was responsible for the skin assessment on admission. The Administrator said July 1, 2024, the facility got a new EMR system. The Administrator said with the new EMR system the skin assessments populate automatically to let the Treatment Nurse or charge nurse know a skin assessment was due. The Administrator said if the Treatment Nurse was off work, it was the responsibility of the charge nurses to complete the skin assessments. The Administrator said the importance of weekly skin assessments was to inspect for skin issues and ensure skin issues are not deteriorating. The Administrator said skin issues could happen quickly and deteriorate quickly sometimes in as little as 2 hours.</p> <p>Record review of the facility's Wound Management policy revised June 2020 indicated, To provide a system for the treatment and management of residents with wounds including pressure and non-pressure .A Licensed Nurse will perform a skin assessment upon admission, readmission, weekly, and as needed for each resident .</p>		