STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675388	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillview Nursing & Rehabilitation	1110 Rice St Goldthwaite, TX 76844

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49048 Based on interviews, and record reviews, the facility failed to ensure the residents right to be free from misappropriation of property for 1 (Resident #1) of 6 residents reviewed for misappropriation of property. The facility failed to prevent the misappropriation of Resident #1's Ondansetron (generic Zofran), a medication used to treat nausea by CMA-A. This failure placed the resident at risk of not receiving the prescribed medication. Findings include: Record Review of Resident #1's Face Sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses include Alzheimer's Disease (brain disorder that causes problems with memory), heart disease (disease that affects the heart), Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectorisis (arteries leading to the heart are blocked), Edema (swelling caused by fluid accumulation) and Insomnia (trouble falling or staying asleep). Record Review of Resident #1's Quarterly MDS dated [DATE] reflected a BIMS score of 4, indicating severely impaired cognition and the resident was not interviewed. Record Review of Resident #1's Care Plan dated 05/07/2024, Focus reflected Resident #1 was at risk for pain related to comorbidities (simultaneous medical conditions). Interventions reflected Resident #1 should be monitored for nausea; vomiting; dizziness and falls. Record Review of Resident #1's physician's orders dated 9/21/2024 reflected an order for Ondansetron (generic Zofran) 4 mg dissolving tablet, 2 tablets every 8 hours PRN for nausea. Review of written statement signed by CMA-A dated 6/29/2024 stated, Yes, I took a Zofran. Because I felt very nauseated to where I was going to throw up on my med cart. I didn't expect to get sent home because I am there for my residents sick or not, they need love and care. Interview with CMA-A was attempted on 7/16/2024 at 11:35 am and again at 2:15pm. CMA-A's phone rang with no ability to leave a message. No return call was received. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675388	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillview Nursing & Rehabilitation	1110 Rice St Goldthwaite, TX 76844

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 7/16/2024 at 2:30pm with CMA-B employed since October of 2023, she stated the most recent in-service on Misappropriation was within the last two weeks. She stated she is unaware of CMA's routinely taking medication for personal use from the medication cart. She identified accountability measures by stating there are cameras in the hallways, and she stands in front of them when possible. She said a medication count was conducted at the end of every shift and anytime they pass the medication cart off to another employee. Interview on 7/16/2024 at 2:48pm with LVN, employed for approximately 10 days, she stated she received training on misappropriation during her initial training and with her previous employer previously. She stated an understanding of misappropriation and said she has never taken a medication from the medication cart, nor has she seen anyone else take medication. Interview on 7/16/2024 at 3:04pm with DON, employed with the facility for [AGE] years, stated she in-serviced staff on 6/29/2024 following the incident with CMA-A. She identified accountability measures currently in place at the facility as cameras were located throughout the building, carts were kept locked, a medication count was conducted at beginning and end of each shift, the building was locked and secured, and the ADM reviewed camera footage after any incident. She said she feels the incident with CMA-A was an isolated incident and the disciplinary action was appropriate. Interview on 7/16/2024 at 3:20pm with ADM reflected accountability measures include medication count at the beginning and end of each shift and that CMA's must document each time a PRN medication is given to a resident. She stated that the disciplinary action against CMA-A was appropriate as she had been an employee in good standing for over 6-years and feels like it was an isolated incident. She said CMA-A is supervised by a nurse on the night shift and there is another CNA working nights as well. She said there are no routine medications given to residents during the night shift, so the medication cart is rarely opened. Review of the most recent Criminal History Conviction search dated 1/19/2024 for CMA-A, reflected no search results found. Review of Notice to Employee Receiving This Employee Disciplinary Report dated 7/1/2024 was signed by CMA-A and ADM. The document stated, Your failure to accomplish the corrective plan of action, including any specified deadlines, may result in further disciplinary action up to and including discharge. Discharge will automatically accompany third written counseling in a 12-month period, or any infraction of a serious nature that would warrant immediate discharge. Review of Employee Disciplinary Report dated 7/1/2024 was completed by ADM. The document stated, CMA-A will not be allowed to work as a medication aide. She will not have access to medications, medication cart, medication room, and medication keys. CMA-A received a demotion to CNA and took a pay in accordance. Review of Attendance Form dated 6/29/2024, for in-service titled Abuse, Neglect, Residents Rights, Exploitation Misappropriation was signed by 30 employees from various departments. Review of facility policy titled Resident Rights, revised 2/2021 stated: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675388	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillview Nursing & Rehabilitation	1110 Rice St Goldthwaite, TX 76844

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy Statement - Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation Section 1 - Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to: Section C - be free from abuse, neglect, misappropriation of property, and exploitation. Review of the facility policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised 9/2022 stated: If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.