

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Navasota Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 E Washington Navasota, TX 77868	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on observation, interview, and record review, the facility failed to immediately inform the resident, consult with the resident's physician and notify, consistent with his or her authority, the representative when there was a significant change in the resident's physical, mental, or psychosocial status for one (Resident #1) of four residents reviewed for resident rights.</p> <p>The facility failed to ensure Resident #1's MD was notified after she experienced swelling in her left arm. Resident #1 complained of pain 11/16/2024, the Medical Doctor was not informed. On 11/20/2024 the Medical Doctor assessed the resident and ordered an X-ray which showed no significant findings on 11/21/2024 of which the MD was not notified. On 11/26/2024 the resident requested to go to the emergency room where she was diagnosed with a ruptured left bicep tendon with instructions to keep arm elevated and free of compression.</p> <p>This failure could place residents at risk of illness, injury, uncontrolled pain, and a decreased quality of life.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including cerebral infarction (stroke), type II diabetes , muscle weakness, and unspecified lack of coordination.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 09/11/24, reflected a BIMS score of 15, indicating she had no cognitive impairment.</p> <p>Review of Resident #1's quarterly care plan, dated 11/19/24, reflected she had a potential for uncontrolled pain with an intervention of notifying the physician if interventions were unsuccessful or if current complaint was a significant change from past experience of pain.</p> <p>Review of Resident #1's progress note, dated 11/16/24 and documented by LVN A, reflected the following:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[Resident #1] c/o pain on the left arm, stated 10/10 on pain scale. Left arm swollen and muscle contracte. PRN Tylenol 625mg given and applied Voltaren Gel on the pain site. Cold compress applied to the left arm and [Resident #1] expresses relief and comfort. Will continue to monitor [Resident #1].</p> <p>Review of Resident #1's November 2024 MAR reflected she had a pain level of 10 on 11/16/24, was administered her PRN pain medication, and it was effective.</p> <p>Review of Resident #1's progress note, dated 11/20/24 and documented by LVN B, reflected the following: (MD) here to round today. Received new order for x-ray to left arm for swelling and pain .</p> <p>Review of Resident #1's MD progress note, dated 11/20/24, reflected the following: . She (Resident #1) has significant swelling in the left upper arm. She states it has been present for a few weeks. Nursing reports an XR is pending .</p> <p>Review of Resident #1's x-ray results, dated 11/21/24, reflected no significant findings to her left arm.</p> <p>Review of Resident #1's progress note, dated 11/26/24 at 10:00 AM and documented by LVN B, reflected the following: [Resident #1]'s left arm swollen and painful. She requests to be seen at the emergency department .</p> <p>Review of Resident #1's progress note, dated 11/26/24 at 8:46 PM and documented by LVN B, reflected the following: [Resident #1] was seen at (ER) today . Final diagnosis, ruptured left bicep tendon.</p> <p>Review of Resident #1's ER discharge paperwork, dated 11/26/24, reflected her final diagnosis was a ruptured left bicep tendon with special instructions to keep her arm elevated and free from compressive devices.</p> <p>During an observation and interview on 12/12/24 at 11:42 AM, Resident #1 stated her left arm had been swollen for over a month and she had a ruptured tendon. She stated she did not know how it happened and no one had been rough with her or caused the swelling. She lifted her left arm which revealed it was swollen and twice the size of her right arm.</p> <p>During an interview on 12/12/24 at 11:58 AM, LVN A stated he did not normally work Resident #1's floor but was working on 11/16/24 when he noticed the swelling to her left arm. Het stated he administered her Tylenol and put ice on her arm and it was effective. He stated he did not notify the NP/MD but did notify the oncoming nurse after his shift, LVN B.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 12/12/24 at 1:46 PM, Resident #1's MD stated the day she was notified of her swelling was the day she requested an x-ray (11/20/24). She stated she was doing rounds that day and observed the swelling. She stated she never got the results of the x-ray. She stated she was not made aware of the increased pain, her going to the ER, or the diagnosis of a ruptured tendon. She stated it was her expectations that she was notified of any change in condition regarding the residents. She stated she would have sent her to the ER sooner if she had been notified of the increased pain. She stated she would not have had any orders or recommendations if she had been notified of the tendon rupture, as those take time to heal. She stated she believed Resident #1's pain was being managed effectively.</p> <p>During an interview on 12/12/24 at 2:39 PM, the DON stated she would have expected for the MD to have been notified sooner about Resident #1's swelling to her arm immediately. She stated she knew she was made aware but could not remember when. She stated Resident #1's pain had been effectively controlled by her scheduled and PRN pain medications. She stated she should have been notified of her increased pain, hospitalization , and final diagnosis. She stated she believed she was made aware of the ruptured tendon. She stated it was important for the MD to be notified of all changes in condition by the nurses to ensure she was fully involved in all the residents' medical care.</p> <p>Review of the facility's Notifying the Physician of Change in Status Policy, revised 03/11/13, reflected the following:</p> <ol style="list-style-type: none"> 1. The nurse will notify the physician immediately with significant change in status. The nurse will document signs and symptoms of significant change, time/date of call to physician . 		