

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Prairie Meadows Rehabilitation and Healthcare Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 Eleventh St Floresville, TX 78114	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable state laws for 1 of 4 (LPN A) staff reviewed for staff qualifications.</p> <p>The facility failed to ensure LPN A's nursing license was not expired between [DATE] and [DATE].</p> <p>This failure could place residents at risk for not receiving nursing services by a licensed nurse.</p> <p>The findings included:</p> <p>Record review of the staff roster for the facility indicated LPN A had been employed at the facility since [DATE].</p> <p>Record review of the Texas Board of Nursing license verification, dated [DATE], indicated LPN A was originally issued a LVN/LPN license on [DATE] and current expiration date was [DATE].</p> <p>During an interview on [DATE] at 04:26 p.m., the ADMIN revealed LPN A was notified of LPN A's expired license on [DATE]. LPN A was suspended until her license was renewed. The ADMIN revealed LPN A had only worked one or two shifts between Saturday, [DATE] and Friday, [DATE].</p> <p>During an interview on [DATE] at 05:16 p.m., LPN A revealed she had just been notified by the facility her license was expired. She revealed she had set an alarm to re-renew on [DATE] but must have just forgotten to re-apply. She revealed she worked two shifts since [DATE], the date her licensed expired. She revealed the facility provided continuing education which ensured her continuing education was sufficient for her re-application. She revealed she re-applied the same day she was notified her license was expired, [DATE]. She revealed she did not believe her expired license impacted her ability to do her job because her education was current.</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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy titled, Guidelines for Credentialing Staff, dated revised 10/2022, reflected License and Certification Verification 1. All candidates extended an offer of employment for a certified or licensed position will be credential based on their credentials for the role. a. Nurses will be verified through the Board of Nursing .i. In addition, all nurses will be verified through Nursys, a national repository database, to check for board orders and out of state licensure status .4. Review all licenses and certifications monthly communicating upcoming expiration dates with the associate. 5. If the certification or license is not active by the expiration date the associate will be suspended without pay for up to 2 weeks, but no longer than 30 days, until the certification or license is reinstated.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure, in accordance with accepted professional standards and practices, medical records were maintained on each resident that were complete and accurately documented for 1 of 3 residents (Resident #1) reviewed for clinical records.</p> <p>The facility failed to ensure Resident #1's weights were documented in his medical record for 4 of 5 weeks (weeks of 03/13/2025, 03/20/2025, 03/27/2025, and 04/03/2025) reviewed.</p> <p>This failure could place residents at risk of not receiving the care and services needed.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission Record, dated 06/03/2025, reflected an [AGE] year-old male. He was admitted to the facility on [DATE].</p> <p>Record review of Resident #1's Diagnosis Report, dated 06/03/2025, reflected a principal diagnosis of cerebral infarction (a disruption in the brain's blood flow) due to embolism (a clot related to foreign material that reduces blood flow) of right anterior cerebral artery (artery that supplies blood to the front part of the brain), an admission diagnosis of muscle wasting and atrophy (shrinking of muscle or nerve tissue), and an admission diagnosis of lack of coordination.</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE] and signed as completed on 05/21/2025, reflected assessment observation end date of 05/08/2025. Resident #1 had a BIMS score of 14, which indicated he was cognitively intact. He required partial/moderate assistance to roll left and right on the bed and substantial/maximal assistance for transferring from lying to sitting on the side of the bed or sitting to standing. He was documented as not having had or it was unknown if he had weight loss or weight gain in the last month or 10% loss or gain in the last 6 months.</p> <p>Record review of Resident #1's Order Recap Report for Order Date: 03/01/2025- 06/30/2025, dated 06/03/2025, did not reflect an order for weights to be taken.</p> <p>Record review of Resident #1's Weight Summary, accessed 06/06/2025, reflected Resident #1's initial weight (193.8 pounds) was documented as dated 03/06/2025 at 11:03 a.m. Resident #1's second weight (179.0 pounds) was documented as dated 04/24/2025 at 02:44 a.m. Resident #1's third weight (184.0 pounds) was documented as dated 04/24/2025 at 12:50 p.m. Resident #1's fourth weight (177.0 pounds) was documented as dated 04/30/2025 at 01:02 p.m.</p> <p>Record review of [facility name] Weights and Vitals Exceptions, dated 06/03/2025, reflected Resident #1 triggered for a 7.5% weight loss change on 04/24/2025 and on 04/30/2025 when the weights documented on those dates were compared to Resident #1's weight documented on 03/06/2025.</p> <p>Record review of Resident #1's Progress Notes from 03/01/2025 to 04/24/2025 did not reveal notes regarding Resident #1's weights or regarding alternative documentation of Resident #1's weights.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Nutritional Therapy Evaluation, dated 03/17/2025, reflected Resident #1's meal intake varied from 50- 100%, he was at moderate risk for malnutrition, was obese, and was at risk for weight changes due to having edema (swelling caused by excess fluid trapped in the body's tissues) and was taking a diuretic (type of medication that increases urine production to help reduce fluid buildup and lower blood pressure).</p> <p>During an interview with Resident #1 on 06/03/2025 at 03:36 p.m., Resident #1 revealed he did not know if he had lost weight since his admission to the facility. He revealed he believed he could probably use some weight loss.</p> <p>During an interview on 06/06/2025 at 04:12 p.m., the DON revealed resident weights were to be taken when they first admitted , weekly for up to four weeks, and then monthly if the resident's weight was stable. She revealed residents continued to be weighed weekly if their weight was unstable. She revealed Resident #1 was weighed, but she would have to look for the weights documented on paper. She revealed the only reason for his weights to not be in the EMR was if she had forgotten to enter them into the system. She revealed at the time, she was working on her own for this task, since the ADON had not started yet. She revealed she did not believe the resident's care would have been impacted by his weights not having been recorded in the EMR. She revealed the nurses would have still had known Resident #1's weight because they received copies of the weights documented on paper.</p> <p>During an interview on 06/06/2025 at 04:37 p.m., the ADMIN revealed weights not entered into the EMR would impact how the facility determined if a resident had weight loss or weight gain. She revealed the reports the facility ran for weight triggered, weight loss and weight gain, used an algorithm based on the weights entered into the EMR.</p> <p>Record review of the facility's handwritten weight documentation, received 06/06/2025, reflected:</p> <ul style="list-style-type: none"> - Weekly Weights, dated 03/10/2025, included Resident #1's name and a weight, - documentation listing resident names and weights, dated 03/19/2025, included Resident #1's name and a weight, - March Weights, undated, included Resident #1's name and a weight, and - Weekly Weights, dated April 2025, included Resident #1's name and a weight. <p>Record review of the facility's policy, Weight Management, dated reviewed 12/09/2024, reflected:</p> <p>Procedure .2. New admits will be weighed weekly for the first 4 weeks to establish baseline weights, after which they will be weighed monthly .4. Facility will ensure that weights are recorded in the EMR and use paper documentation if the EMR system is down.</p>		