

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Hico Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 712 Railroad Ave Hico, TX 76457	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations of Resident #2 plate in the room, interviews with staff, and record reviews, the facility failed to ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs for Resident #2 (1 of 1 Resident reviewed). The facility failed to follow the care plan and provide Resident #2 with a mechanically soft diet that he could eat. This could cause the resident to experience unplanned weight loss due to inability to eat properly.</p> <p>The facility failed to prepare a textured diet to the consistency required for Resident #2.</p> <p>The findings included:</p> <p>Record review of Resident #2's admission Record, dated 05/14/2025, reflected a [AGE] year-old male. He was admitted to the facility on [DATE].</p> <p>Record review of Resident #2's Medical Diagnosis EMR tab, accessed on 05/14/2025, reflected Resident #2 had diagnoses which include ; type 2 diabetes mellitus with hyperglycemia.</p> <p>Record review of Resident #2's care plan undated and accessed 05/14/2025, reflected the following focuses and interventions:</p> <ul style="list-style-type: none"> - Focus: The resident has ADL self-care performance deficits and limitations in eating food. Activity Intolerance 05/12/2025, including: <ul style="list-style-type: none"> - Low Concentrated Sweets diet, Mechanical Soft texture, Regular consistency - Review of Resident #2's MDS showed a BIM score of 7. <p>During an interview on 5/14/2025 at 12:50 PM., Resident #2 stated that he had seven teeth pulled a few days ago, and he cannot eat some of the food provided to him at the facility. Surveyor observed that Resident #2 had a whole sandwich on his plate, but said he couldn't eat it. Resident #2 said that he eats what he can on the plate. There was no visible meal ticket on the tray at the time.</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: 675468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Hico Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 712 Railroad Ave Hico, TX 76457	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/2025 at 2:15 PM., CKA said she works the evening shift and has been at the facility for eight months. CKA knew that Resident #2 was to be served mechanically soft food. CKA said that she was verbally told that Resident 2 was to be served mechanical soft. [NAME] #2 stated that the normal process is for a nurse to bring back the information form with the resident's approved food textures.</p> <p>During an interview on 5/14/2025 at 2:22 PM., CKB said she works the day shift. CKB said she has been at the facility for two weeks. CKB stated that a nurse is responsible for providing them with the information slip, which indicates the type of food the resident is supposed to receive. She was not aware of any changes to Resident #2's meal ticket and had not been verbally informed of the changes to Resident #2's meal information ticket.</p> <p>A record review on 5/14/2025 at 2:30 PM of Resident #2's Dinner meal ticket in the kitchen, which was on Resident #2's tray, surveyor observed that Resident #2 was to receive a regular diet, not a mechanically soft diet. The information form dated 2/4/2025 for Resident #2 was in the kitchen for staff review, indicating that Resident #2 had a regular diet, not a mechanically soft diet.</p> <p>During an interview on 5/14/2025 at 3:04 PM., RN A stated that she has been at the facility for three weeks. She indicated that if there is an update on the meal texture for Resident #2, the information is updated in the care plan and then sent to the kitchen. She noted that if a resident is served the wrong texture, they may not be able to eat properly, choke, or lose weight.</p> <p>An interview on 5/14/2025 at 3:12 PM, DON stated that she believes she is the one who updated Resident #2's meal information slip and sent it to the kitchen, but she does not know why the kitchen did not receive the information slip. DON was able to produce the yellow carbon copy of the meal information sheet, which stated that Resident #2 was supposed to receive mechanical soft food. DON noted that the dietary manager has been off work, which could explain why the kitchen information was not up to date. DON explained that if a resident does not receive the correct food texture, they could experience weight loss or choke on the food.</p> <p>An interview on 5/14/2025 at 3:18 PM, ADMN stated that he is the interim administrator and has been at the facility for a week. ADMN noted that when a resident's diet is changed, it is typically initiated by either the doctor or the speech therapist. Then it is entered into Point Click Care, the software the facility uses to maintain medical records. The ADMN said that it is sometimes verbally communicated to the staff in the kitchen when there is a short notice. The resident's meal slip is also taken to the kitchen so that the resident can get the correct food texture. ADMIN stated that a resident can either choke or not eat at all if the wrong texture is provided.</p> <p>A record review of the facilities policy was done on 5-14-2025 showed the policy was implemented on 2/13/2024.</p> <p>Interdepartmental Communication Guidelines. Special care needs will be communicated to direct care staff and IDT through the following mechanisms:</p> <ul style="list-style-type: none"> o <p>Verbally</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Hico Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 712 Railroad Ave Hico, TX 76457	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>o</p> <p>Physician orders</p> <p>o</p> <p>Baseline Care Plan</p> <p>o</p> <p>Comprehensive Care Plan</p> <p>Department managers will communicate with their respective team members verbally about any special care needs followed by documented treatment plans. The facility did not provide a mechanically soft diet.</p>