

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Wheeler Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S Kiowa St Wheeler, TX 79096	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48161</p> <p>Based on observation, interview and record review, the facility failed to ensure each resident had a right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 1 of 6 residents (Resident #1) reviewed for accommodation of needs.</p> <p>Resident #1's call light was not within her reach.</p> <p>This failure could place residents at risk of not having their needs met and a decline in their quality of care and life.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet, dated 05/01/2024, revealed that a [AGE] year-old female was admitted to the facility on [DATE] with diagnoses that included but not limited to Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting left dominant side (weakness following a stroke), contracture of muscle-multiple sites, dysphagia (difficulty in swallowing), muscle wasting and atrophy, cognitive communication, gastro-esophageal reflux disease without esophagitis, shortness of breath, other abnormalities of gait and mobility,</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE], revealed a BIMS score of 15 out of 15 which indicated Resident #1 was cognitively intact. Resident #1 required two-person staff assistance with bed mobility and dressing, total two-person staff dependence with chair/bed transfer, upper and lower body dressing, and personal hygiene. Resident #1 required full assistance with rolling from left to right.</p> <p>Record review of Resident #1's care plan, dated 05/01/2024, revealed, in part, [Resident #1] has a communication problem r/t hearing deficit, pain, respiratory impairment, stroke, weak or absent voice with interventions to ensure and provide a safe environment with call light in reach. Care plan also indicated that Resident #1 has ADL Self-care performance deficit r/t limited mobility with interventions for Resident #1 to use call light to call for assistance.</p> <p>During an observation and interview on 05/01/2024 at 10:01 AM Resident #1 was lying in her bed, her blanket was on top of her. Resident #1 asked the surveyor to get an aide because she needed her call light. Observation of the call light revealed it hanging on wall behind resident's head out of reach of the resident.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 05/01/2024 at 10:05 AM, LVN A was asked to come to Resident #1's room as the resident was requesting help. LVN A asked Resident #1 what she needed, and Resident #1 stated she needed her call light. LVN A put the call light on Resident #1's blanket within the resident's reach.</p> <p>During an interview on 05/01/2024 at 10:07 AM, LVN A stated two CNA's put Resident #1 to bed and that the negative outcome for not having the call light in reach would be that the resident may need help and could get hurt.</p> <p>During an interview on 5/01/2024 at 10:15 AM, CNA B stated she and another aide forgot to put the call light in Resident #1's reach. CNA B said that a possible negative outcome for not having a call light in reach was that the resident could get hurt.</p> <p>During an interview on 5/01/2024 at 10:20 AM, CNA C stated she and another aide had forgotten to put the call light in Resident #1's reach. CNA C said the resident was a choking risk and couldn't get up on her own; and that a possible negative outcome for not having a call light in reach was that Resident #1 could be in trouble and not be able to call for help.</p> <p>During an interview on 5/01/2024 at 11:20 AM, the DON stated that a possible negative outcome for a resident not having their call light in reach would be that they wouldn't be able to call for help if they needed it.</p> <p>During an interview on 5/01/2024 at 11:20 AM, the DON was asked for a policy regarding accommodation of needs.</p> <p>During an interview on 5/01/2024 at 12:10 PM, the ADM stated that she called the Owner of the facility and said that they do not have a call light or accommodation of needs policy and that it was just common sense.</p>		