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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675536 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>12/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hill Country Heights |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>810 Industrial Ave<br>Copperas Cove, TX 76522 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>(continued on next page) |

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to immediately consult with the resident's physician when there was a significant change in the resident's health status (that is, a deterioration in health status in either life-threatening conditions or clinical complications), and need to alter treatment significantly for one (Resident #1) of six residents reviewed for notification of changes. The facility failed to notify the wound care provider when Resident #1's sacral region continued to develop new areas of MASD from 07/08/2025 to 08/22/2025. This failure could result in decreased continuity of care, and a delay in the treatment and services needed. Findings included: Review of Resident #1's face sheet dated 09/30/2025 reflected a [AGE] year-old female with an admission date of 05/12/2025 and discharge date of 09/26/2025 with diagnoses of cerebral infarction (condition where blood flow to the brain is interrupted leading to brain tissue damage), hypertensive heath and chronic kidney disease with heath failure and with stage 5 chronic kidney disease or end stage renal disease (complex condition where high blood pressure has caused heart failure and severe kidney disease), muscle weakness, dysphagia (difficulty swallowing), acute respiratory failure (life-threatening condition where the lungs cannot exchange oxygen and carbon dioxide), end stage renal disease (severe condition where the kidneys have permanently lost their ability to function properly), and type 2 diabetes mellitus (disorder in which the body is unable to use insulin effectively or produce enough insulin to manage high blood sugar levels). Review of Resident #1's admission MDS dated [DATE] reflected a BIMS of 12 (moderate cognitive impairment). Further review reflected Resident #1 was at risk of developing pressure ulcers/injuries and had moisture associated skin damage (a condition that occurs when the skin is exposed to excessive moisture for prolonged periods leading to inflammation and damage) and no wounds upon admission. Treatments included pressure reducing device for chair, pressure reducing device for bed and applications of ointments/medications. Review reflected Resident #1 required dialysis. Review of Resident #1's care plan dated 05/12/2025 reflected Resident #1 was at risk of skin concerns with a goal that resident's condition will be stable and will not experience a health decline and will tolerate medication/treatment and progress towards goals established. Interventions included administer and provide medication/treatment/care services as prescribed/recommended and to notify PCP of any change in condition as clinically indicated. Further review of care plan with revision date of 05/19/2025 reflected Resident #1 had a self-care deficit with interventions to turn and reposition on rounds and as needed. Review of care plan with revision date of 09/30/2025 reflected Resident #1 was at risk of skin impairment or had an actual skin impairment and that Resident #1 declined to be turned or repositioned at times and will turn back onto the position she was previously in. Goal for Resident #1 included that she would have intact skin, free of redness, blisters or discoloration with interventions of pressure reducing wheelchair cushion, to keep clean and dry and apply skin barrier cream as indicated, pressure reducing low air loss mattress and to turn and reposition during rounds and more often as needed. Further interventions included handling fragile skin with caution and report to nurse if any concerns arise. Review of Resident #1's care plan dated 05/12/2025 reflected she had end stage renal disease and required dialysis treatments. Review of Resident #1's care plan with revision date of 05/19/2025 reflected Resident #1 had incontinence related to previous cerebral infarction, ESRD with dialysis and diabetes with goal to remain free from any skin breakdown due to incontinence and brief use. Interventions included to check and change on rounds as needed and provided incontinent care assistance every shift and as needed. Review of Resident #1 physician orders reflected Ascorbic acid tablet with start date of 05/19/2025 to promote wound healing. Review of Resident #1 physician orders reflected an order for Zinc Sulfate for wound healing with a start date of 05/19/2025. Review of Resident #1 physician orders reflected an order to cleanse buttock with soap and water, pat dry and apply zinc paste to buttock daily and as needed with incontinent episodes to prevent skin breakdown with start day of 06/18/2025. Review of Resident #1 physician orders reflected an order for medihoney wound and burn dressed external paste and to apply to coccyx topically once a day every three days for found healing with a start date of 07/11/2025. Review of Resident #1 physician orders reflected cleanse buttock with normal saline, pat dry and apply triad paste daily with each incontinent episode one time a day for MASD with a start date of 08/29/2025. Review of Resident #1 undated Kardex (quick reference for resident information) reflected to turn and reposition resident regularly during rounds and more often as needed. Review reflected to handle fragile skin with caution and report to nurse of any skin concerns. Review also reflected Resident</p> |  |  |