

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Regency Manor Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3011 W Adams Ave Temple, TX 76504	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47243</p> <p>Based on observation, interview and record review the facility failed to provide, based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable for 3 of 8 resident (Residents #1, #2, and #3) reviewed for activities of daily living.</p> <p>The facility failed to ensure Residents #1, #2, and #3 were provided care and services for hygiene.</p> <p>This failure could place residents at risk for poor self-esteem, infections, socialization, ADL decline and diminished quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 01/17/2025, revealed Resident #1 was a [AGE] year-old female admitted to the facility on [DATE]. Resident #1 was diagnosed with Encephalopathy, unspecified (a brain disorder that affects brain function or structure, but the cause is unknown), Aphasia (a language disorder that makes it difficult to understand or express language), Senile Degeneration of brain, not elsewhere classified (brain shrinkage that's not due to Alzheimer's disease or other specific conditions), need for assistance with Personal Care (when someone needs help with daily tasks and hygiene), Abnormalities of Gait and Mobility (unusual walking patterns that can be caused by injuries, medical conditions, or aging), unspecified Dementia, unspecified severity, with other Behavioral Disturbance (a diagnosis where a person is exhibiting symptoms of dementia, but the specific type of dementia cannot be determined, and the severity of the cognitive decline is also unclear, while also showing notable behavioral disturbances that aren't categorized as typical for a specific dementia type), Unsteadiness on feet (lack of balance or instability while standing or walking, often characterized by a feeling of swaying or potential to fall).</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE] revealed; Resident #1 had a BIMS score of 07, which indicated severe impairment.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's care plan dated 10/08/24, revealed focus Resident #1 Problem Category: ADL functional Status/Rehabilitation Potential: Resident has self-care deficits d/t Impaired memories, disorientation to time, impaired mobility, and weakness. Long Term Target: Care needs will be met daily, and PRN and resident will maintain optimal level of functioning for care participation. Approach: Bathing/Hygiene amount of assist: 1. Resident prefer to take her showers on Tuesdays, Thursdays, and Saturdays between 6 am to PM. The staff who provide showers will document skin issues.</p> <p>Record review of Resident #1's shower sheet dated 1/1/2025 to 1/17/2025 reflected:</p> <p>01/01/2025 @ 2:42pm Dependent; 2:43pm Not Applicable</p> <p>01/02/2025 @ 11:49 am Dependent</p> <p>01/03/2025 @ 11:02 am Substantial/maximal assistance</p> <p>01/04/2025 @ 10:46 am Dependent</p> <p>01/05/2025 @ 4:09pm Not Applicable</p> <p>01/06/2025 @ 10:13 am Dependent</p> <p>01/07/2025 @ 10:53 am Supervision or touching assistance.</p> <p>01/08/2025 @ 11:06 am Not applicable</p> <p>01/09/2025 @ 8:43 am Dependent</p> <p>01/11/2025 @ 2:38 am Dependent; 2:52pm Dependent</p> <p>01/12/2025 @ 2:24pm Dependent</p> <p>01/14/2025 @ 4:26 am Substantial/maximal assistance; 3:24pm Setup or clean-up assistance</p> <p>01/15/2025 @ 1:35pm Not applicable</p> <p>01/16/2025 @ 4:44pm Dependent</p> <p>Record review of Resident #2's face sheet dated 01/17/2025, revealed Resident#2 was a [AGE] year-old female admitted to the facility on [DATE]. Resident #2 was diagnosed with Personal history of Brain Injury (record of a previous traumatic brain injury), Unspecified Intracranial injury with loss of Consciousness or Unspecified duration, subsequent encounter (a patient is being seen for follow-up care after experiencing a head injury where the exact location and severity of the brain damage is unknown, but it is confirmed that they did lose consciousness for a period of time that cannot be precisely determined), Other Abnormalities of Gait and Mobility (deviations from normal walking patterns), Quadriplegia, unspecified (a medical condition that causes partial or total paralysis of all four limbs and the torso), Need for assistance with Personal Care (when someone needs help with daily tasks and hygiene).</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #3's face sheet dated 01/17/2025, revealed Resident #3 was a [AGE] year-old male admitted to the facility on [DATE]. Resident #3 was diagnosed with Spastic Hemiplegia affecting the right dominant side (neurological condition where the muscles on the right side of the body, which is considered the dominant side for most people, experience constant muscle stiffness and contraction, leading to impaired movement and difficulty controlling the affected limbs due to damage to the left side of the brain), Hemiplegia and Hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side (condition where a person experiences either complete paralysis (hemiplegia) or partial weakness (hemiparesis) on the left side of their body due to a stroke caused by bleeding within the brain (intracerebral hemorrhage) on the right side), Difficulty in Walking not elsewhere classified (walking difficulties that can't be more specifically categorized), Other Abnormalities of Gait and Mobility (deviations from normal walking patterns), Need for assistance with Personal Care (when someone needs help with daily tasks and hygiene).</p> <p>Record review of Resident #3's quarterly MDS, dated [DATE] revealed; Resident #3 had a BIMS score of 05, which indicated severe impairment.</p> <p>Record review of Resident #3's care plan dated 12/09/24, revealed focus Resident #3 Problem Category and Start: ADL functional Status/Rehabilitation Potential: Resident has self-care deficits d/t Impaired memories, disorientation to time, impaired mobility, and weakness. Long Term Target: Care needs will be met daily, and PRN and resident will maintain optimal level of functioning for care participation. Approach: Bathing/Hygiene amount of assist: 1. Resident prefer to take her showers on Tuesdays, Thursdays, and Saturdays between 6 am to PM.</p> <p>Record review of Resident #3's shower sheet dated 1/1/2025 to 1/17/2025 reflected:</p> <p>01/01/2025 @ 2:29pm Dependent</p> <p>01/02/2025 @11:05 am Dependent</p> <p>01/03/2025 @9:44 am Substantial/maximal assistance</p> <p>01/04/2025 @9:00 am Dependent</p> <p>01/05/2025 @3:57pm Not applicable</p> <p>01/06/2025 @11:48 am Partial/moderate assistance</p> <p>01/07/2025 @11:42 am Dependent</p> <p>01/08/2025 @4:31pm Dependent</p> <p>01/09/2025 @ 8:34 am Substantial/Maximal assistance</p> <p>01/11/2025 @1:59 am Partial/moderate assistance; 2:38pm Dependent; 2:38pm Resident Refused.</p> <p>01/12/2025 @1:36pm Dependent</p> <p>01/13/2025 @7:34pm Not applicable</p> <p>(continued on next page)</p>		

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