

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Holland Lake Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Holland Lake Dr Weatherford, TX 76086	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641</p> <p>Based on observation, interview, and record review the facility failed to ensure that a resident who needed respiratory care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 3 of 6 resident (Residents #11, #13, #14) reviewed for respiratory care.</p> <p>1. The facility failed to ensure Resident #11, #13, #14's nebulizer/Mask and tubing were kept in a bag while not in use.</p> <p>These failures could place residents at risk for infections and transmission of communicable diseases.</p> <p>Findings include:</p> <p>Record review of Resident #11's face sheet, dated 3/26/25, reflected an [AGE] year-old female, who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included, cerebral infarction (stroke), diverticular disease of intestine (abnormal pouches form in the bowl wall), dementia (cognitive decline), encephalopathy (disease of the brain), asthma (inflammatory disease in the lungs).</p> <p>Record review of Resident #11's MDS quarterly assessment dated [DATE], reflected a BIMS score of 3 which indicated severe cognitive impairment. Section O of the MDS reflected: respiratory therapy.</p> <p>Record review of Resident #11's Physician Orders, revealed, 3 ML INHALE ORALLY EVERY 4 HOURS AS NEEDED FOR SHORTNESS OF BREATH OR WHEEZING VIA NEBULIZER.</p> <p>Record review of Resident #11's MAR date 3/26/25 revealed the last breathing treatment was 3/26/25 at 10:50am.</p> <p>Record review of Resident #11's quarterly Care Plan, dated 2/2/25, revealed Resident #11 had a diagnosis of asthma and to give nebulizer treatments and oxygen therapy as ordered.</p> <p>In an observation on 3/26/25 at 12:55pm, revealed Resident's #11 was lying in bed, and sleeping. Observed the nebulizer/mask and tubing sitting on the bedside table with the tubing touching the floor, and the nebulizer and tubing not bagged.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #13's face sheet, dated 3/26/25, reflected a [AGE] year-old female, who was admitted to facility 9/2/23, with diagnoses which include, Fracture of right femur (thigh bone), atrial fibrillation (abnormal heart rhythm), Chronic Obstructive Pulmonary Disease (damage to lungs).</p> <p>Record review of Resident #13's MDS quarterly assessment dated [DATE] reflected a BIMS score of 13 which indicated the resident was cognitively intact.</p> <p>Record review of Resident #13's Physician Orders, revealed, Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Solution, 1 vial inhale orally every 4 hours as needed for SHORTNESS OF BREATH.</p> <p>Record review of Resident #13's quarterly Care Plan, dated 3/15/25, revealed Resident #13 was diagnosed with Chronic Obstructive Pulmonary Disease and medications were to be administered as ordered.</p> <p>In an observation on 3/26/25 at 1:03pm, revealed Resident's #13 in her room sitting in wheelchair visiting with family. Observed the nebulizer mouthpiece hanging on a hook on the wall behind a recliner and not bagged. The resident stated that staff hung the nebulizer mouthpiece on the hook to keep it off the floor. The resident could not recall the last breathing treatment, stating it was sometime yesterday 3/25/25.</p> <p>Record review of Resident #14's face sheet, dated 3/26/25, reflected an [AGE] year-old male, admitted to the facility 4/29/22, readmit 2/27/25, with diagnoses which include, nontraumatic subarachnoid hemorrhage (type of stroke), Heart failure, edema (fluid retention), atrial fibrillation (abnormal heart rhythm).</p> <p>Record review of Resident #14's MDS re-admit assessment dated [DATE], reflects a BIMS score of 1, which indicated severe cognitive impairment.</p> <p>Record review of Resident #14's Physician Orders, Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML 1 VIAL INHALE ORALLY EVERY 6 HOURS AS NEEDED FOR SHORTNESS OF BREATH.</p> <p>Record review of Resident #11's MAR, revealed the last Breathing treatment was 3/26/25 at 8:00 am.</p> <p>In an observation on 3/26/25 at 1:15pm, revealed Resident #14 was lying in bed sleeping. The nebulizer/mask and tubing observed sitting on the bedside table not bagged.</p> <p>Interview on 3/26/25 at 3:20pm, the DON stated that her expectation was that staff were to bag nebulizer masks and tubing in a plastic bag after use. The DON stated that placing a nebulizer mask and tubing in bag could prevent equipment from getting dirty and damaged and helped with infection control.</p> <p>Review of Facility policy: Departmental (Respiratory Therapy) Nursing Prevention of Infection, Med-Pass date 2001 (Revised April 2007) revealed:</p> <p>Steps in procedure: Infection Control Considerations related to Medication Nebulizer/Continuous Aerosol:</p> <p>7. Store the circuit in plastic bag, marked with date and resident's name, between uses.</p>