STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675708	A. Building B. Wing	03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keeneland Nursing and Rehabilitation	700 S Bowie 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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641 Based on interviews and record reviews, the facility failed to maintain medical records on each resident that were complete and accurately documented for 1 (Resident #7) of 4 residents reviewed for medical records. The facility failed to document Resident #7's weekly skin assessments. These failures place residents at risk of health and safety due to inaccurate assessments. Findings included: Record review of Resident #7's face sheet dated 3/27/25 revealed, a [AGE] year-old female admitted on [DATE] with the following diagnoses: Cerebral palsy (group of movement disorders), cerebral infraction (stroke), vascular dementia (brain damage), type 2 diabetes, schizophrenia, muscle wasting (loss of muscle mass and strength). Record review of Resident #7's quarterly MDS dated [DATE] revealed, Section C-Cognitive Behavior BIMS score of 00 (severe cognitive impairment), Section GG-Extensive assist (means helper did all the effort for rolling left to right in bed, dressing, toileting, transferring). Section M-Skin Condition revealed the resident was at risk for pressure ulcers. Record review of Resident #7's care plan dated 3/4/25 revealed, Resident #7 was at risk for skin break down and ulcers, approach to care: Monitor for incontinent every 2 hours and PRN, change promptly, monitor for skin break down, assess skin weekly and record findings, apply moisturizing lotion. Record review of Resident #7's weekly skin assessment documentation revealed no evidence that skin assessments were performed on: 03/11/2025 and 03/18/2025. During an interview on 3/23/25 at 4:30pm. LVN N stated that she is one of Resident #7's nurses, and that charge nurses were responsible for weekly skin assessments. LVN N stated that the facility's computer documentation system would high-light the day each resident was due for a skin assessment. LVN N stated the skin assessment was probably done but that the nurse failed to document in the resident's chart. LVN N stated the skin assessments should have been documented weekly in a resident's chart. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/25/25 at 3:58 p.m., the DON stated his expectation would be that skin assessments be performed weekly by the charge nurse. The DON stated that himself and the ADON monitored that skin assessments were being done by performing random chart audits. The DON stated charge nurses were responsible for performing weekly skin assessments. The DON stated he was unaware why skin assessments had not been documented. The DON stated that weekly skin assessments were an important measure to help prevent skin issues and catching any issues early. Review of the facility policy titled Skin Integrity Monitoring System dated 2/2021, Assessment and Monitoring, 3.) All residents will be assessed weekly using the (Weekly Skin Assessment) form for any type of skin integrity complications, this will include pressure injury and non-pressure related complications. The (Weekly Skin Assessment) will be documented on the (Weekly Skin Assessment) in clinical software.