

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1751 N 15th St Abilene, TX 79603	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48883</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to attain the highest practicable, physical, mental, and psychosocial well-being consisted for 2 (Resident #10 and Resident #12) of 12 residents reviewed for quality of life</p> <p>The facility failed to ensure Resident #10 received showers per resident's request.</p> <p>The facility failed to ensure Resident #12 transferred from bed to chair per resident's request.</p> <p>This failure could place residents at risk of a diminished quality of life and lead to a loss of self-esteem and isolation.</p> <p>Findings included:</p> <p>Resident #10</p> <p>Record review of Resident #10's face sheet dated 04/09/2024 revealed [AGE] year-old female originally admitted on [DATE] with most recent readmission on 12/27/2023 and the following diagnoses: candida stomatitis (yeast causing inflammation inside the mouth), cough, acute upper respiratory infection, pneumonia, osteoarthritis (degenerative joint disease) right ankle and foot, nicotine dependence (smokes cigarettes), alcohol dependence, bipolar disorder (mental illness that causes unusual shifts in a person's mood), abnormalities of gait and mobility, difficulty in walking, dependence on supplemental oxygen, lack of coordination, weakness, chronic obstructive pulmonary disease (chronic lung disease interfering with airflow), and heart failure (chronic heart disease interfering with blood flow).</p> <p>Record review of Resident #10's quarterly MDS dated [DATE] revealed: Section C- Cognitive Behavior BIMS score of 9 (moderate cognitive impairment); Section GG- Functional Abilities and Goals revealed: resident required partial to moderate assistance meaning helper does more than half the effort to shower/bathe self.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #10's care plan dated 04/09/2024 revealed: resident had a problem with ADLs functional status / rehabilitation potential with start date of 06/23/2023 .goal: Maintain current functional status .approach: I require supervision with dressing .I require supervision with locomotion on and off the unit .I require supervision with transfers; problem The following tasks will be documented with start date of 07/30/2022 .goal: The Resident will perform the following tasks at their highest practicable level; approach: I prefer to take my bath/shower on T/T/S My preferred time to Bath/Shower is 6a-6p.</p> <p>Record review of Resident #10's Point of Care history dated 4/9/2024 revealed no evidence that resident received assistance for showering on the following dates: 03/09/2024, 3/14/2024, 3/16/2024, 3/26/2024, 3/28/2024, 3/30/2024, 04/02/2024, and 04/04/2024.</p> <p>During an interview on 04/09/2024 at 2:35 p.m., Resident #10 stated she had not had a shower in 3 weeks and felt that the facility was short staffed. She stated she preferred to get showers</p> <p>Resident #12</p> <p>Record review of Resident #12's face sheet dated 04/09/2024 revealed [AGE] year-old female originally admitted on [DATE] and the following diagnoses: Parkinson's disease (brain disorder that causes unintended or uncontrollable movements such as shaking, stiffness, and difficulty with balance and coordination), abnormal posture, edema (swelling), acute lower respiratory infection, lack of coordination, pain, malignant neoplasm of unspecified site of unspecified female breast (breast cancer), epilepsy (seizure disorder), gastro-esophageal reflux disease (disorder that allows stomach contents to leak back into esophagus and irritate it), and depression.</p> <p>Record review of Resident #12's other payment assessment MDS dated [DATE] revealed: Section C- Cognitive Behavior BIMS score of 14 (cognition is intact); Section G- Functional Status revealed: resident involved in activity, but staff provide weight-bearing support with bed mobility and transfers.</p> <p>Record review of Resident #12's care plan dated 04/09/2024 revealed: I prefer to get out of bed and up in my chair at after breakfast on M/W/F and on T/Th/Sa after breakfast for my shower and then put back to bed by 330pm. I prefer to only get up on Sundays by my own choice. With start date of 06/20/2023 .goal: Get resident up as requested; approach Assist resident in getting up as stated.</p> <p>During an observation and interview on 04/08/2024 at 4:02 p.m., Resident #12 was lying in her bed working with yarn. She voiced she felt facility did not have enough staff and called the Ombudsman. She stated she had requested a meeting with the ADMN to review her care plan on Thursday 04/11/2024 because she felt the facility was not paying attention to her wants. She stated most of the time, she was not transferred out of bed and into motorized chair when she wanted to be or not at all. She stated the staff told her they would be back to assist her when she asked about it and it will be a while before they come to assist her. She stated there are times when other resident entered her room, and it would take staff time to answer her call light and remove him. She stated it upsets her when she was not assisted with transfers as she had requested or was not able to answer her call light when other resident was wondering around in her room. She stated that she knew how to file a grievance but had not filed one.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/09/2024 at 10:10 a.m., the ADMN stated the facility summary tool was used for figuring staffing to resident ratios. She stated HPPD stood for hours per patient day. She stated the facility multiplies the resident total from census by the HPPD to get the hours needed for direct care staff per resident in a 24-hour period. She stated the facility had started allowing agency nurses and CNAs to be contracted to help with staffing. The ADMN stated the facility continued to have issues with agency staff signing up for shifts then taking themselves off the schedule later making it more difficult to staff facility appropriately. She stated she knew the facility was understaffed.</p> <p>Record review of facility document titled Facility Assessment Tool last updated on 04/02/2024 revealed: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility, at least annually, per the above requirement. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being .Direct Care Staff plan 24 hour nursing, to include licensed staff, med aides when available, CNA staffing based off of care needs with an Average HPPD 2.85 .Staffing assignments are based off of acuity and needs, resident physical and psychological needs which are part of the admission assessments. Assessments are not only completed on admission, quarterly and prn with sig changes and as requested.</p> <p>Record review of facility policy titled Resident Rights dated February 2021 revealed: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>48883</p> <p>Based on observation, interviews, and record review the facility failed the have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident and determined by considering the number, acuity, and diagnoses of the facility's resident population with accordance with 1 of 1 facility reviewed for sufficient staffing</p> <p>The facility failed to ensure the facility had sufficient staffing based off of facility assessment.</p> <p>This failure could place the residents at risk of resident's needs, safety and psychosocial well-being not being met.</p> <p>The findings include:</p> <p>During an observation on 04/09/2024 at 9:45 a.m. staffing posting for 4/9/2024 revealed: census was 78 and there were 3 LVNs (36 hours) and 4 CNAs (48 hours) scheduled 12 hours on both day and night shift. Unit 1 had 2 LVNs and 3 CNAs working at this time with 61 residents. Unit 2, a secured unit, had 1 LVN and 1 CNA working at this time with 16 residents. Total of hours scheduled to be worked during this 24-hour time frame equaled 168.</p> <p>During an interview on 04/09/2024 at 10:10 a.m., the ADMN stated the facility summary tool was used for figuring staffing to resident ratios. She stated that HPPD stood for hours per patient day. She stated the facility multiplies the resident total from census by the HPPD to get the hours needed for direct care staff per resident in a 24-hour period. She stated the facility had started allowing agency nurses and CNAs to be contracted to help with staffing. The ADMN stated the facility continues to have issues with agency staff signing up for shifts then taking themselves off the schedule later making it more difficult to staff facility appropriately. She stated that one of the staff members were a no call no show this morning and at that time she stated they were short staffed and had not been able to fill the shift at that time.</p> <p>During an interview on 04/09/2024 at 5:20 p.m., the ADMN provided the following information about census:</p> <p>02/20/2024 census was 79;</p> <p>02/26/2024 census was 79;</p> <p>03/04/2024 census was 82;</p> <p>03/13/2024 census was 81;</p> <p>04/05/2024 census was 78.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of timesheets dated 02/20/2024 revealed 168.200 hours worked by direct care staff. Per facility assessment and census, 225.15 direct care staff hours were needed.</p> <p>Record review of timesheets dated 02/26/2024 revealed 172.333 hours worked by direct care staff. Per facility assessment and census, 225.15 direct care staff hours were needed.</p> <p>Record review of timesheets dated 03/04/2024 revealed 177.400 (facility staff) and 34.42 (agency staff) totaled 211.52 hours worked by direct care staff. Per facility assessment and census, 233.7 hours were needed.</p> <p>Record review of timesheets dated 3/13/2024 revealed 164.0167 (facility staff) and 49.67 (agency staff) totaled 213.74 hours worked by direct care staff. Per facility assessment and census, 230.85 hours were needed.</p> <p>During an interview on 04/09/2024 at 2:35 p.m., Resident #10 stated she had not had a shower in 3 weeks and felt that the facility was short staffed. She stated she preferred to get showers.</p> <p>During an observation and interview on 04/08/2024 at 4:02 p.m., Resident #12 was lying in her bed working with yarn. She voiced she felt facility did not have enough staff and called the Ombudsman. She stated she had requested a meeting with the ADMN to review her care plan on Thursday 04/11/2024 because she felt the facility was not paying attention to her wants. She stated most of the time, she was not transferred out of bed and into motorized chair when she wanted to be or not at all. She stated the staff told her they would be back to assist her when she asked about it and it will be a while before they come to assist her. She stated there are times when other resident entered her room, and it would take staff time to answer her call light and remove him. She stated it upsets her when she was not assisted with transfers as she had requested or was not able to answer her call light when other resident was wondering around in her room. She stated that she knew how to file a grievance but had not filed one.</p> <p>During an interview on 04/09/2024 at 7:15 p.m., the ADMN stated the effect on residents from not having enough staff would be a potential for not being able to take care of residents.</p> <p>Record review of facility document titled Facility Assessment Tool last updated on 04/02/2024 revealed: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility, at least annually, per the above requirement. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being. Direct Care Staff plan 24 hour nursing, to include licensed staff, med aides when available, CNA staffing based off of care needs with an Average HPPD 2.85. Staffing assignments are based off of acuity and needs, resident physical and psychological needs which are part of the admission assessments. Assessments are not only completed on admission, quarterly and prn with sig changes and as requested.</p> <p>Record review of facility policy titled Resident Rights dated February 2021 revealed: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity.</p>		