

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  02/19/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48883</b></p> <p>Based on interview and record review, the facility failed to ensure residents/resident's representative had the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he/ she preferred for 2 of 23 residents (Resident #29 and Resident #44) reviewed for antipsychotic consents.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure Resident #29 or their representative signed consent for antipsychotic medication Seroquel (quetiapine) (an antipsychotic medication used to treat mental health disorders, such as schizophrenia) prior to administering medication and after dosage increased and prior to administering new dosage ordered by physician.</li> <li>The facility failed to ensure Resident #44's or their representative signed consent for antipsychotic medication Seroquel (quetiapine) prior to administering medication.</li> </ol> <p>These failures could affect residents by placing them at risk of not being informed of their health status, to make informed decisions regarding their care.</p> <p>Findings included:</p> <p>Resident #29</p> <p>Record review of Resident #29's electronic face sheet dated 02/19/2025 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and most recently on 08/21/2022 with diagnoses to include: schizoaffective disorder, bipolar type (mental health condition that includes hallucinations and delusions, depression and mania).</p> <p>Record review of Resident #29's quarterly MDS dated [DATE] revealed: BIMS score of 09 which indicated moderate cognitive impairment. Further review of the MDS Section N-Medications revealed Resident #29 was taking antipsychotic medication.</p> <p>Record review of Resident #29's physician order dated 10/14/2024 revealed: quetiapine tablet 100mg 1 tablet to be administered twice a day orally.</p> <p>Record review of Resident #29's MAR dated October 2024 revealed Resident #29 received Seroquel (quetiapine) 100mg twice a day starting the night of 10/14/2024 - 10/31/2024</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #29's MAR dated November 2024 revealed Resident #29 received Seroquel (quetiapine) 100mg twice a day from 11/01/2024 - 11/30/2024.</p> <p>Record review of Resident #29's MAR dated December 2024 revealed Resident #29 received Seroquel (quetiapine) 100mg twice a day from 12/01/2024 - 12/31/2024.</p> <p>Record review of Resident #29's MAR dated January 2025 revealed Resident #29 received Seroquel (quetiapine) 100mg twice a day from 01/01/2025 - 01/31/2025.</p> <p>Record review of Resident #29's MAR dated February 2025 revealed Resident #29 received Seroquel (quetiapine) 100mg twice a day from 02/01/2025 - 02/19/2025.</p> <p>Record review of Resident #29's HHSC Form 3713 Consent for Antipsychotic or Neuroleptic Medication Treatment dated 03/31/2023 for Seroquel revealed no evidence of a signature by Resident #24 or their representative. Further review revealed a verbal consent obtained by CCN on 04/05/2023 for dosage of 50mg in the AM and 100mg in the PM. No evidence that side effects were went over with Resident #29's representative and side effects were not listed on the form.</p> <p>Record review of Resident #29's electronic medical chart revealed no evidence Resident #29 or his representative consented to increased dosage of Seroquel on or before 10/14/2024.</p> <p>Attempted a telephone interview on 02/17/2025 at 11:10 a.m., Resident #29's representative did not answer phone call and no return call.</p> <p>Resident #44</p> <p>Record review of Resident #44's electronic face sheet dated 02/19/2025 revealed he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses to include: neurocognitive disorder with Lewy bodies (Protein deposits called Lewy bodies develop in nerve cells in the brain. The protein deposits affect brain regions involved in thinking, memory and movement), and major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest that affects how people feel, think and behave).</p> <p>Record review of Resident #44's quarterly MDS dated [DATE] revealed: BIMS score of 07 which indicated severe cognitive impairment. Further review of the MDS Section N-Medications revealed Resident #44 was taking antipsychotic medication.</p> <p>Record review of Resident #44's physician order dated 05/15/2024 revealed: quetiapine tablet 25mg 1 tablet to be administered once a day orally at bedtime. Further review of physician order revealed quetiapine was discontinued on 05/22/2024.</p> <p>Record review of Resident #44's physician order dated 08/09/2024 revealed: quetiapine tablet 25mg 1 tablet to be administered once a day orally at bedtime. Further review of physician order revealed quetiapine was discontinued on 08/21/2024.</p> <p>Record review of Resident #44's physician order dated 09/12/2024 revealed: quetiapine tablet 25mg 1 tablet to be administered once a day at bedtime.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #44's MAR dated May 2024 revealed Resident #44 received Seroquel (quetiapine) 25mg once a day starting the night of 05/15/2024 - 05/21/2024.</p> <p>Record review of Resident #44's MAR dated August 2024 revealed Resident #44 received Seroquel (quetiapine) 25mg once a day from 08/09/2024 - 08/31/2024.</p> <p>Record review of Resident #44's MAR dated September 2024 revealed Resident #44 received Seroquel (quetiapine) 25mg once a day from 09/01/2024 - 09/30/2024.</p> <p>Record review of Resident #44's MAR dated October 2024 revealed Resident #44 received Seroquel (quetiapine) 25mg once a day from 10/01/2024 - 10/24/2024 &amp; 10/26/2024 - 10/31/2024.</p> <p>Record review of Resident #44's MAR dated November 2024 revealed Resident #44 received Seroquel (quetiapine) 25mg once a day from 11/01/2024 - 11/30/2025.</p> <p>Record review of Resident #44's electronic medical chart revealed no evidence Resident #44, or his representative consented to antipsychotic medication Seroquel on or before 05/15/2024.</p> <p>During an interview on 02/19/2025 at 4:20 p.m., LVN A stated that nurses were responsible for obtaining medication consent for psychoactive medications. She stated nurses get the consent prior to giving the medication. She stated sometimes the DON will assist with getting psychoactive medications. LVN A stated there was a form that would be filled in on the electronic medical system under the observations section. She stated after form filled out then the process would be to print the form and get a physical signature on the form. She stated it was okay to get a verbal consent if person not available in person to sign the form and when a verbal was obtained the DON would be notified. She stated as far as she knew, there was not another process for medications like Seroquel that were antipsychotics.</p> <p>During an interview on 02/19/2025 at 5:08 p.m., the DON stated it was the nurse's responsibility for getting consents signed for psychoactive medications. She stated those consents should be obtained prior to giving psychoactive medication to the resident. She stated she was not able to find a consent for Seroquel medication on Resident #44. She stated she was unaware that verbal consents were not appropriate for Seroquel medication on Resident #29. She stated she could not find a consent with updated dosage for Resident #29. She verified that the consent for Seroquel on Resident #29 did not have physical signature on the form. She stated what might have led to Resident #44 not having consent on file could be that he had been discontinued from that medication in the past but then restarted back on that medication. The DON stated the effect of not obtaining consent prior to medication administration could cause residents or their representatives not being provided information of the side effects of the medication or not being notified that the resident was ordered that medication. She stated she was responsible for monitoring that the appropriate medications had consents. She stated she had just started monitoring that those consents were completed during the daily morning meetings.</p> <p>(continued on next page)</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/19/2025 at 5:11 p.m., the CCN stated her expectation would be for consents to be obtained by nurses prior to administering Seroquel to a resident. She stated the reason she obtained a verbal consent on Resident #29's Seroquel on 04/05/2023 was because there was not a policy in place for anti-psychotic medications at that time. She stated there was a policy written on July 2024 about anti-psychotic medication consents. She stated she had been instructed on 04/05/2023 that verbal consent was appropriate. She stated consents needed to be done timely. She stated not obtaining consent for over a year was not timely. She stated there were barriers to obtaining the consents such as family not responding to telephone messages, emails, or written letters. She stated she felt representatives and families were scared to respond because representatives were afraid the facility was reaching out for financial reasons. She stated some of the facility's residents do not have guardians that makes the process timelier and more difficult. She stated no negative affect occurred to residents or their representatives from consents not physically being signed. She stated the facility ensures that residents and their representatives make an informed decision to medication by facility sending out information via letters, emails, and attempting to communicate with them verbally over the telephone. She stated the DON was responsible for monitoring medication consents were properly obtained or her designee. She stated she felt staff needed more education on antipsychotic medication consents and lack of knowledge may have led to the failure.</p> <p>Record review of facility's admission agreement dated 02/22/2022 revealed: Resident's rights under Texas law .You have a right: . 9) to retain the services of a physician of your choice, at your own expense or through a healthcare plan, and to have a physician explain to you, in language you understand, your complete medical condition, the recommended treatment, and the expected results of the treatment</p> <p>Record review of facility policy titled Psychoactive Medications dated July 2024 revealed A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics .9. Consent must be obtained from the resident or resident representative prior to administering a psychotropic medication (excluding an emergency). a. A consent form for antipsychotic/neuroleptic medication utilizing Texas form 3713 must be completed and signed by the resident or resident representative. Consent must be obtained in writing.</p> <p>Review of LTCR Provider letter titled Consent for Antipsychotic and Neuroleptic Medications dated May 5, 2022, accessed on 02/19/2025 at <a href="https://www.hhs.texas.gov/sites/default/files/documents/pl2022-11.pdf">https://www.hhs.texas.gov/sites/default/files/documents/pl2022-11.pdf</a>, revealed The prescriber of the medication, the prescriber's designee, or the NF' s medical director must complete Section I of Form 3713. HHSC cannot specify who can be the designee for the prescriber. Prescribers should consult their own board, such as the Texas Medical Board, to determine who can act as their designee. A prescriber can delegate the completion of Form 3713, Section I, if the prescriber's license permits it . The resident or the resident's legally authorized representative must sign Section II of Form 3713 (Consent for Antipsychotic or Neuroleptic Medication Treatment). The rule requires consent in writing by the resident or by a person authorized by law to consent on behalf of the resident. Verbal consent does not meet the rule requirements. NF staff cannot sign on behalf of the resident.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of drugs.com accessed on 02/19/2024 at <a href="https://www.drugs.com/seroquel.html">https://www.drugs.com/seroquel.html</a>, revealed Seroquel . Drug class: Atypical antipsychotics .Seroquel may cause serious side effects. Call your doctor at once if you have: uncontrolled muscle movements in your face (chewing, lip smacking, frowning, tongue movement, blinking or eye movement); breast swelling and tenderness, nipple discharge, impotence, missed menstrual periods; trouble swallowing, severe constipation; painful or difficult urination; high blood pressure, fast, slow or uneven heart rate; a light-headed feeling, sudden numbness or weakness, severe headache; blurred vision, eye pain or redness, seeing halos around lights; a seizure, feeling unusually hot or cold; signs of infection - fever, chills, sore throat, body aches, unusual tiredness, loss of appetite, bruising or bleeding; severe nervous system reaction - very stiff (rigid) muscles, high fever, sweating, confusion, fast or uneven heartbeats, tremors, feeling like you might pass out; underactive thyroid - tiredness, depressed mood, dry skin, thinning hair, decreased sweating, weight gain, puffiness in your face, feeling more sensitive to cold temperatures; high blood sugar - increased thirst, increased urination, dry mouth, fruity breath odor; or low white blood cell counts - fever, mouth sores, skin sores, sore throat, cough. Common Seroquel side effects may include speech problems; dizziness; drowsiness; tiredness; feeling like you might pass out; lack of energy; fast heartbeats; increased appetite; weight gain; upset stomach; vomiting; constipation; stomach pain; nausea; abnormal liver function tests; sore throat; stuffy nose; dry mouth; or difficulty moving.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44722</p> <p>Based on observation, interview, and record review, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for (Resident #169) 1 of 23 resident's rooms observed for environmental conditions.</p> <p>The facility failed to ensure that Resident #169 ' s toilet was free from cracks at the base and was sturdily attached to the floor.</p> <p>The facility's failure placed the residents at risk for diminished quality of life, discomfort, and safety.</p> <p>The findings included:</p> <p>Record review of Resident #169's electronic face sheet dated 02/19/2025 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and most recently on 02/01/2025 with diagnoses to include: right foot drop (difficulty lifting the front part of the right foot and foot might drag on the floor when walking), muscle wasting and atrophy (breakdown of muscle fibers), muscle weakness, and unspecified abnormalities of gait and mobility.</p> <p>Record review of Resident #169's admission MDS dated [DATE] revealed: BIMS score of 15 which indicated his cognition was intact. Further review of the MDS Section GG for functional limitation in range of motion revealed he used a wheelchair and was independent with toileting hygiene and transfer.</p> <p>Record review of Resident #169's care plan dated 02/04/2025 revealed no evidence that Resident #169 needed assistance with toilet hygiene or transfer.</p> <p>Record review of Resident #169's progress notes dated February 2025 revealed on 02/03/2025, 02/07/2025, 02/16/2025, and 02/18/2025 nurse documented Resident #169 needed supervision - oversight, encouragement or cueing for toilet use.</p> <p>During an observation and interview on 02/17/2025 at 2:21 p.m., Resident #169 was sitting up in a wheelchair in his room. He stated he had made a complaint about his toilet being broken when the maintenance man had first started Resident #169 stated he was scared that he was going to fall off the toilet. Toiled observed in resident ' s restroom to have left side of toiled base busted. Toilet moved easily with hands approximately an inch to the left side when pressed down on.</p> <p>During an interview on 02/19/2025 at 3:00 PM the MD stated he had been there two weeks. MD stated he remembers talking with Resident # 169 about the toilet but was not sure when. The MD stated after he had been there a week he had cut his finger and had to take a week off. The MD stated the expectation was for residents ' toilets be in working order.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and record review on 02/19/2025 at 4:41 PM LVN A stated she was made aware of the broken toilet by the pest control man. LVN A stated she had made a repair request on 2/10/2025 on their electronic system, which she displayed. LVN A stated the new MD did not show up on the electronic system so she had made request to the ADMN. LVN A stated a toilet that was broken at the base could cause Resident to fall if they did not feel secure when they sat on toilet.</p> <p>During an interview on 02/19/2025 at 5:11 PM the ADMN stated her expectation was that Residents have a safe and clean environment to reside. The ADMN stated she was not aware of Resident #169 ' s toilet being broken. The ADMN stated she never checked the electronic system and did not know that staff could send them under her name. The ADMN stated affect on residents having broken equipment could cause injury to resident. The ADMN stated what led to failure was the new DM not being at facility because he had been on leave and staff not knowing the ADMN was not checking the electronic reporting system.</p> <p>Record review of facility ' s admission agreement dated 02/22/2022 revealed: Resident ' s rights under Texas law .You have a right: .2) to safe, decent and clean conditions.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44722</p> <p>45216</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 6 of 23 residents (Residents #23, #26, #36, #39, #53, and #62) reviewed for care plans in that:</p> <ol style="list-style-type: none"> <li>1. The facility failed to define measurable objectives on Resident #23's care plan regarding the problems of resisting care, visual function, oral hygiene, pain, mobility, cognitive loss, and daily tasks.</li> <li>2. The facility failed to define measurable objectives on Resident #26's care plan regarding the problems of psychotropic drugs, psychosocial well-being, pain, mood, behaviors, activities of daily living and daily tasks.</li> <li>3. The facility failed to define measurable objectives on Resident #36's care plan regarding the problems of mobility and daily tasks and failed to address on Resident #36's comprehensive care plan the care areas of visual function and communication triggered on the MDS.</li> <li>4. The facility failed to define measurable objectives on Resident #39's care plan regarding the problems of visual function, self-care deficits, decreased cognition, and daily tasks and the care areas of dental care and communication triggered on the MDS.</li> <li>5. The facility failed to define measurable objectives on Resident #53's care plan in regard to the problems of daily tasks, pain, ADL function, and impaired cognition.</li> <li>6. The facility failed to define measurable objectives on Resident #62's comprehensive care plan regarding the problems of self-care related to mobility and impaired cognition, and daily tasks.</li> </ol> <p>These failures could affect residents and place them at risk for not having their needs and preferences met.</p> <p>Findings included:</p> <p>Resident #23</p> <p>Review of Resident #23's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Type 2 diabetes mellitus (non-insulin dependent diabetes), heartburn, enterocolitis (inflammation of the colon), difficulty sleeping, high blood cholesterol, rapid heart rate, swelling, weakness, anxiety, absence of right and left legs below the knees, pancreatitis (inflammation of the pancreas), and high blood pressure.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #23's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #23 scored 99 indicating the resident was unable to complete the interview. Further review revealed the following care area triggered Section M - Skin Conditions, sub-section M1200. Skin and Ulcer/Injury Treatments: number 16. Pressure Ulcer/Injury indicated item B. Pressure reducing device on bed was selected. MDS Section V - Care Area Assessment (CAA) Summary B. Care Planning Decision column revealed 16. Pressure Ulcer was selected.</p> <p>Review of Resident #23's Quarterly MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score Resident #23 scored 15 out of 15 indicating cognition was intact.</p> <p>Review of Resident #23's care plan reviewed/ revised 01/27/25 revealed the following:</p> <p>*Problem I resist care resisted taking medications/injections with an objective of I will make an informed choice about the benefits of care, options in care, and possible consequences/outcomes for resisting care.</p> <p>*Problem visual function with an objective of Resident will have optimal visual acuity.</p> <p>*Problem Oral/Dental Status with an objective of Maintain oral hygiene/status.</p> <p>*Problem I am at risk for pain R/T my multiple comorbidities with an objective of I will be as comfortable as possible.</p> <p>*Problem ADL Functional/Rehab Potential with an objective of I will achieve maximum functional mobility.</p> <p>*Problem I have cognitive loss related to my diagnosis of anxiety with an objective of I will be as alert and oriented as possible.</p> <p>*Problem The following Tasks will be documented in POC CareAssist with an objective of The Resident will perform the following tasks at their highest practicable level. Approaches/Interventions included Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, I prefer to take my Bath/Shower on M/W/F My preferred time to Bath/Shower is days Once A Day on Mon, Wed, Fri; 06:00 AM - 06:00 PM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, and Weekly skin Observations Flowsheet ADL Once Daily on Mon, Wed, Fri 06:00 AM - 06:00 PM.</p> <p>Resident #26</p> <p>Review of Resident #26's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of high blood cholesterol, cholecystitis (inflammation of the gall bladder), anxiety, difficulty sleeping, dementia, kidney disease, depression, high blood pressure, chest pain, heart failure, Type 2 diabetes (non-insulin dependent diabetes), ascites (fluid build-up in the abdomen), and constipation (inability to have a bowel movement)</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #26's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #26 scored 11 out of 15 indicating moderate cognitive impairment.</p> <p>Review of Resident #26's care plan, reviewed/revised 02/04/25, revealed the following:</p> <ul style="list-style-type: none"> <li>*Problem Psychotropic Drug Use with an unmeasurable objective of Benefit without side effects.</li> <li>*Problem Psychosocial Well-Being with an unmeasurable objective of Resident will express/exhibit satisfaction.</li> <li>*Problem I am at risk for pain related to aging process and dx of diabetes with an unmeasurable objective of Resident will be as comfortable as possible.</li> <li>*Problem Mood State with an unmeasurable objective of Resident will express/exhibit satisfaction.</li> <li>*Problem I have inappropriate verbal outbursts such as yelling out related to my dementia with an unmeasurable objective of I will be encouraged to communicate with the staff for my needs.</li> <li>*Problem ADL Functional/Rehab Potential with an unmeasurable objective of I will achieve maximum functional mobility.</li> <li>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of The Resident will perform the following tasks at their highest practicable level. Approaches/Interventions included Bowel Movement Every Shift; 1 SHIFT 1 06:00 AM - 06:00 PM, SHIFT 1 06:00 PM - 06:00 AM, Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, HS Snack At Bedtime; 06:00 PM - 06:00 AM, I prefer to take my Bath/Shower on Monday Wednesday Friday My preferred time to Bath/Shower is 6a-6p Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, and The staff member who does my bath will document skin issues in the POC Once A Day on Mon, Wed, Fri 06:00 AM - 06:00 PM.</li> </ul> <p>Resident #36</p> <p>Review of Resident #36's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Type 2 diabetes (non-insulin dependent diabetes), dementia, depression, difficulty walking, pain, high blood pressure, weakness, heart failure, arthritis, paranoid schizophrenia, and swelling.</p> <p>Review of Resident #36's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #36 scored 10 out of 15 indicating moderate cognitive impairment.</p> <p>Review of Resident #36's care plan, reviewed/revised 02/04/25, revealed the following:</p> <ul style="list-style-type: none"> <li>*Problem I have self-care deficits R/T impaired mobility and impaired cognition with an unmeasurable objective of I will achieve maximum functional mobility.</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1751 N 15th St Abilene, TX 79603	
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of I prefer to take my Bath/Shower on Monday Wednesday Friday My preferred time to Bath/Shower is 6a-6p Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM, Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, weekly skin observation during showers Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM.</p> <p>Review of Resident #36's Care Area Assessment (CAA) list generated from the Admission MDS, dated [DATE], revealed the following care areas triggered and selected in MDS Section V - Care Area Assessment (CAA) Summary B. Care Planning Decision column, were not addressed on Resident #36's comprehensive care plan: Visual Function triggered by entry in MDS Section B Hearing, Speech, and Vision, sub-section B1000 Vision, Ability to see in adequate light (with glasses or other visual appliances) code 1. Impaired - sees large print, but not regular print in newspapers/books was selected and sub-section B1200 Corrective Lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision code 1. Yes was selected. Communication triggered by entry in MDS Section B Hearing, Speech, and Vision, Sub-section B0200 Hearing - Ability to hear (with hearing aid or hearing appliances if normally used) code 2. Moderate difficulty - speaker has to increase volume and speak distinctly was selected.</p> <p>Resident #39</p> <p>Review of Resident #39's face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses of high blood pressure, dementia, Alzheimer's disease (a brain disorder that destroys memory and thinking skills), weakness, anxiety, high blood cholesterol, macular degeneration (an eye disease that affects central vision), and Vitamin D deficiency.</p> <p>Review of Resident #39's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #39 scored 10 out of 15 indicating moderate cognitive impairment.</p> <p>Review of Resident #39's care plan reviewed/revised 02/04/25 revealed the following:</p> <p>*Problem I have decreased Visual Function and require glasses at times with an unmeasurable objective of Resident will have optimal visual ability.</p> <p>*Problem I have deficits in self-care. ADL Function/Rehab Potential with an unmeasurable objective of Resident will achieve maximum functional mobility.</p> <p>*Problem I have Cognitive Loss related to Dementia with an unmeasurable objective of I will be as alert and oriented as possible.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of The Resident will perform the following tasks at their highest practicable level. Approach/Interventions included: Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, I prefer to take my Bath/Shower on M/W/F My preferred time to Bath/Shower is 6a-6p Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, and weekly skin observation during showers Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM.</p> <p>Review of Resident #39's Care Area Assessment (CAA) list generated from the Admission MDS dated [DATE] revealed the following care areas triggered and selected in MDS Section V - Care Area Assessment (CAA) Summary B. Care Planning Decision column, were not addressed on Resident #39's comprehensive care plan: Dental Care MDS Section L - Oral/Dental Status, sub-section L0200. Dental A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) and D. Obvious or likely cavity or broken natural teeth were selected. Communication was triggered by entry in MDS Section B Hearing, Speech, and Vision, Sub-section B0200 Hearing - Ability to hear (with hearing aid or hearing appliances if normally used) code 1. Minimal difficulty - difficulty in some environments (e.g. when person speaks softly or setting is noisy) was selected.</p> <p>Resident #53</p> <p>Review of Resident #53's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Type 2 diabetes (non-insulin dependent diabetes), human immunodeficiency virus, myalgia (muscle pain), major depressive disorder, paranoid schizophrenia, chronic obstructive pulmonary disease (a group of lung diseases that cause airway obstruction), cardiac pacemaker, rapid heart rate, atrial fibrillation (irregular beating of upper chamber of the heart), heart failure, high blood cholesterol, cellulitis (bacterial infection affecting the skin and underlying tissues), respiratory disease, chronic leg ulcers, and hemorrhoids.</p> <p>Review of Resident #53's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #53 scored 12 out of 15 indicating moderate cognitive impairment.</p> <p>Review of Resident #53's comprehensive care plan, reviewed/ revised 12/05/24, revealed the following:</p> <p>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of The Resident will perform the following tasks at their highest practicable level. Approach/Interventions included Bowel Movement Every Shift; SHIFT 1 06:00 AM - 06:00 PM, SHIFT 1 06:00 PM - 06:00 AM.</p> <p>*Problem I am at risk for pain with the unmeasurable objective of I will be as comfortable as possible for the next 90 days. Problem ADL Functional/Rehab Potential with an unmeasurable objective of I will achieve maximum functional mobility .</p> <p>*Problem I have impaired cognition r/t fluctuations in cognition with an unmeasurable objective of Resident will be as alert and oriented as possible .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of The Resident will perform the following tasks at their highest practicable level . and Approach/Interventions of I prefer to take my Bath/Shower on M/W/F My preferred time to Bath/Shower is 6a-6p Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM, Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, HS Snack At Bedtime; 06:00 PM - 06:00 AM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, and weekly skin observation Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM.</p> <p>Resident #62</p> <p>Review of Resident #62's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Type 2 diabetes (non-insulin dependent diabetes), dementia, depression, difficulty walking, pain, high blood pressure, weakness, heart failure, arthritis, paranoid schizophrenia, and swelling.</p> <p>Review of Resident #62's Admission MDS dated [DATE] in Section C - Cognitive Patterns, sub-section C0500 BIMS Summary Score, Resident #62 scored 10 out of 15 indicating moderate cognitive impairment.</p> <p>Review of Resident #62's comprehensive care plan, reviewed/revised 02/04/25, revealed the following:</p> <p>*Problem I have self-care deficits R/T impaired mobility and impaired cognition with an unmeasurable objective of I will achieve maximum functional mobility.</p> <p>*Problem The following Tasks will be documented in POC CareAssist with an unmeasurable objective of I prefer to take my Bath/Shower on Monday Wednesday Friday My preferred time to Bath/Shower is 6a-6p Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM, Breakfast (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Dinner (Percentage Eaten) Once A Day: 02:00 AM - 10:00 PM, Lunch (Percentage Eaten) Once A Day: 06:00 AM - 06:00 PM, Nail Care Once A Day on Mon, Wed, Fri; 06:00 AM -06:00 PM, Oral Care Twice A Day; 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM, weekly skin observation during showers Flowsheet: ADL Once A Day on Mon, Wed, Fri, 06:00 AM - 06:00 PM.</p> <p>During an interview on 02/19/2025 at 2:30 PM, the MDS coordinator stated she was responsible for completing the initial comprehensive care plan and the DON and ADON were responsible for updating the care plans. The MDS coordinator stated her expectation was care plans should include resident's diagnosis, medications, diet, physician orders and any resident care needs. The MDS coordinator stated that objectives should be specific and measurable, and interventions should be a specific task for staff and/or residents that accomplishes objectives.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/19/25 at 12:07 PM, the Regional Nurse Consultant stated her expectations of care plan were for the care plan to look like the resident. She stated if she were a nurse coming in to provide care, she would want to know what was documented on the care plan. The RNC stated if a resident needed assistance or was a fall risk for example, that information should be on the care plan. The RNC explained the objectives should be based on what a nurse would expect to assess when interventions were followed. She stated the DON was responsible for the initial care plan and the ADON/MDS Coordinator contributed to revisions based on the comprehensive assessment. The RNC stated the CAA's should be addressed on the comprehensive care plan. She stated the DON was ultimately responsible for the accuracy of the care plans. The RNC stated in response to an example of an objective for pain, the RNC stated she did not agree with use of a pain scale because pain was subjective data. She explained staff should be able to identify pain by a resident's facial expressions or behavior. The RNC stated she trained staff to recognize pain or discomfort by being observant.</p> <p>Review of the facility policy titled Comprehensive Care Plans, undated, revealed Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives . that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: item 2. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the care plan., and 6. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment.</p> <p>48883</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722</b></p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access to the keys for 1 (Resident #17) of 23 residents reviewed for medication storage.</p> <p>The facility failed to ensure medications were not left in Resident #17 ' s personal refrigerator.</p> <p>This failure could result in unauthorized persons having access to medication that was not intended for them or drug diversion.</p> <p>Findings included:</p> <p>During an observation and interview on 02/17/2025 at 11:42 a.m., Resident #17 ' s personal refrigerator had a bottle of prescription hydrocortisone (a steroid topical solution used for skin irritation) cream inside of the refrigerator with expiration date of 02/08/2025. Resident #17 stated just throw it away, I do not want anyone to get into trouble.</p> <p>Record review of Resident #17 ' s quarterly MDS dated [DATE] Section M - Skin Conditions revealed Resident #17 had intact skin with no pressure ulcers or other problems.</p> <p>Record review of Resident #17 ' s electronic physician orders revealed no order for hydrocortisone cream.</p> <p>During an interview on 02/17/2025 at 11:57 a.m., LVN E stated prescription medication should not be left in resident rooms. She stated Resident #17 was not able to apply the cream to himself and hydrocortisone cream was probably left in room for staff convenience.</p> <p>During an interview on 02/17/2025 at 12:24 p.m., LVN D stated Resident #17 should not have medications in his room.</p> <p>During an interview on 02/17/2025 at 12:10 p.m., the DON stated she expected for prescription medication not to be stored in resident ' s room inside of their personal refrigerator. She stated angle rounds are responsible for monitoring resident ' s personal refrigerators and the ADMN received those rounds. The DON stated the affect on residents could be medication administration directions may not be followed from not knowing correct way to use medication. She stated staff not being thorough and doing a quick check could have led to the failure.</p> <p>Record review of facility policy titled Storage of Medication dated November 2020 revealed Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48883</b></p> <p>Based on observations, interviews, and record reviews the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitization.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure ground meat was thawed properly.</li> <li>The facility failed to ensure the cook performed hand hygiene appropriately when preparing food.</li> <li>The facility failed to ensure foods were sealed and/or labeled properly.</li> <li>The facility failed to ensure the foods were not stored past expiration date.</li> </ol> <p>Thess failures could place residents that eat out of the kitchen at risk for contamination and foodborne illnesses.</p> <p>Findings included:</p> <p>During an observation of the kitchen on [DATE] between 2:15 p.m. - 2:50 p.m. revealed the following:</p> <p>Sink:</p> <p>1 plastic dish sitting in a sink with 4 tubes of ground meat sitting vertically in the dish that was filled with water and water running into the container. The ground meat was not submerged in the water with approximately 30% of ground meat outside of the water and water was running in the middle of the 4 tubes and not covering the meat.</p> <p>Pantry:</p> <p>*1 clear plastic bag not sealed and was open to air held an opened bag of potato chips dated [DATE] &amp; [DATE].</p> <p>*7 expired bottles of Lemon Juice from concentrate with written date of ,d+[DATE] on the outside of the bottles. Manufacture date on the bottle lids was [DATE].</p> <p>Refrigerator #1:</p> <p>*1 clear plastic bag not sealed and was open to air held an opened bag of pink circular meat. There was no description on the bag.</p> <p>*1 expired bottle of Lemon Juice from concentrate with written date of ,d+[DATE] on the outside of the bottle. Manufacture date on the bottle lid was [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Refrigerator #2:</p> <p>*1 sealed plastic container of grape jelly with no date on label.</p> <p>Freezer # 1:</p> <p>*1 box of 3 containers of whipped topping sitting on the floor on its side to the left of freezer door.</p> <p>*1 bag of a circular breaded item with no description and no date.</p> <p>*2 bags of what appeared to be frozen pancakes with no description and no date.</p> <p>During an interview on [DATE] at 2:53 p.m., the cook stated bags of food being stored should be sealed. He stated after opening food item it should be labeled with open date. He stated if foods were not stored in their original container, then they should have item description on them. He stated no food should be stored on the floor. The cook stated meat should be defrosted in the refrigerator, but meat would need to be placed in the refrigerator several days before needed to defrost in the refrigerator. He stated he had been rotating the meat during the thawing process due to all the meat was not submerged in the water in dish in sink. He stated he had started defrosting the meat about an hour prior. He stated he was responsible for storing, labeling, and preparing foods.</p> <p>During an observation on [DATE] at 4:11 p.m., the cook started pureeing foods for diner service. He donned gloves without washing his hands and began pureeing meat entree. He added all ingredients into the blender until food item was appropriate consistency He then moved food into container and covered with foil prior to putting item into the freezer. He took blender to the dish room and removed his gloves. The cook rinsed out blender prior to running through the dish washer and he did not wash hands before touching sanitized blender. He then [NAME] blender back to puree station and put down on counter. He reached into a bucket of water solution and pulled out a rag then wiped down counter under blender and bottom of blender machine. He put blender back together then put gloves on his hands. He did not perform hand hygiene prior to putting on gloves. He then started on pureeing the rest of dinner items.</p> <p>During an interview on [DATE] at 6:45 p.m., the cook stated he should have washed his hands when changing out gloves during food preparation. He stated he had just forgotten to do so when being observed. He stated he was a train wreck and nervous. He stated not labeling food items with date and description could cause the wrong food item to be given to residents with allergies to that food item and could cause the residents to get sick. He stated not storing food items appropriately could cause residents to be sick.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 3:29 p.m., the DM stated food stored outside of the original container should be labeled with food description and date. She stated no food should be stored on the floor and should be stored at least 6 inches off of the floor. She stated foods should not be stored in the pantry or in the refrigerator past the manufacture's expiration date and the date the manufacturer had on container was the expiration date. The DM stated she expected for food items to be disposed of when item passed the expiration date. She stated anyone who puts up food items off the delivery truck and during food preparation were responsible for making sure items were stored correctly with appropriate label. She stated she does monitor that food was labeled, stored at least 6 inches off of the floor and not expired. She stated she last monitored the kitchen the week prior. The DM stated packages of food should be stored in sealed containers after opened. She stated ground meat should be thawed submerged under running water. She stated kitchen staff should wash hands with soap and water during glove changes. She stated she expected for HH to be done when moving from one task to another in the kitchen and not performing could lead to cross contamination and bacteria spread. She stated she had been working for the facility for approximately one week and will be monitoring the kitchen at least ,d+[DATE] times a week. She stated not labeling food appropriately with description of food item and dates could lead to allergic reaction. She stated she would have thrown food away without date on label because staff would not know when food should be disposed of. The DM stated not thawing out meat correctly could lead to some of the food being in the danger zone for longer than appropriate time and could cause bacteria to grow.</p> <p>During a telephone interview on [DATE] at 5:00 p.m., the dietician stated foods stored outside of their original container should be labeled with description and date. She stated foods should be stored 6 inches above the floor. She stated foods should be disposed of and not kept past the expiration date. She stated packages of food items should be sealed so not to expose food to the elements. She stated typically frozen meat was thawed during the cooking process, in the cooler or under cold running water. She stated not submerging frozen meat could more than likely cause it to thaw unevenly and cause foodborne illness. She stated every time gloves were changed during food preparation then HH should be performed in between glove changes. She stated the dietary manager monitors that kitchen staff store, prepare and prepare food appropriately. She stated she was available for training and does observe how staff store and prepare food. She stated the kitchen staff had been changing and there was a new DM which could have led to failures of HH, meat thawing, and food storage or staff may have forgotten their training. She stated she felt more education was needed. She stated that not storing food appropriately and not performing HH correctly could lead to illness from bacteria.</p> <p>During an interview on [DATE] at 9:39 a.m., the ADMN stated she expected for kitchen staff to follow policies on food storage, preparation, and hand hygiene. She stated the DM monitored that kitchen staff were following the facility's policy. She stated not storing and preparing food appropriately could cause residents to get sick.</p> <p>Record Review of facility's policy titled Food Preparation and Handling dated 2018 revealed:</p> <p>Procedure:</p> <p>1. General Guidelines a. Use clean, sanitized surfaces, equipment and utensils. b. Wash hands properly before beginning food preparation .</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Thawing Foods a. Thaw meat, poultry and fish in a refrigerator at 41 F or less. b. Foods may also be thawed using the following procedures: i. Completely submerged under running water at a temperature of 70 F or below with sufficient water velocity to agitate and float off loosened food particles into the overflow: 1. For a period of time that does not allow thawed portions of ready-to-eat food to rise above 41 F; or 2. For a period of time that does not allow thawed portions of a raw animal food requiring cooking to be above 41 F for more than four hours including the time the food is exposed to the running water and the time needed for preparation for cooking.</p> <p>Record Review of facility's policy titled Handwashing/Hand Hygiene dated [DATE] revealed:</p> <p>Hand hygiene must be performed prior to donning and after doffing gloves.</p> <p>Record Review of facility's policy titled Preventing Foodborne Illness - Food Handling dated [DATE] revealed:</p> <p>All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents .Potentially hazardous foods held in the danger zone (41 F to 135 F) for more than 4 hours (if being prepared from ingredients at room temperature) or 6 hours (if cooked and then cooled) will be discarded.</p> <p>Record Review of facility's policy titled Food Storage dated 2018 revealed:</p> <p>1. Dry storage rooms .d. To ensure freshness, store opened and bulk items in tightly covered containers. All containers must be labeled and dated .2. Refrigerators .d. Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage .e. Use all leftovers within 72 hours. Discard items that are over 72 hours old .3. Freezers .c. Store all foods on racks or shelves off the floor.</p> <p>Review of the FDA Food Code 2022 <a href="https://www.fda.gov/food/retail-food-protection/fda-food-code">https://www.fda.gov/food/retail-food-protection/fda-food-code</a> accessed on [DATE] revealed:</p> <p>.d+[DATE].11 Food Labels.</p> <p>(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.</p> <p>(B) Label information shall include:</p> <p>(1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement;</p> <p>(2) If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, if contained in the FOOD;</p> <p>(3) An accurate declaration of the net quantity of contents;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(4) The name and place of business of the manufacturer, [NAME], or distributor; and</p> <p>(5) The name of the FOOD source for each MAJOR FOOD ALLERGEN contained in the FOOD unless the FOOD source is already part of the common or usual name of the respective ingredient. Pf</p> <p>(6) Except as exempted in the Federal Food, Drug, and Cosmetic Act S 403(q)(3) - (5), nutrition labeling as specified in 21 CFR 101 - Food Labeling and 9 CFR 317 Subpart B Nutrition Labeling.</p> <p>Time/temperature control for safety refrigerated foods must be consumed, sold or discarded by the expiration date.</p> <p>.d+[DATE].13 Thawing.</p> <p>Except as specified in (D) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be thawed:</p> <p>(A) Under refrigeration that maintains the FOOD temperature at 5oC (41oF)</p> <p>or less Pf; or</p> <p>(B) Completely submerged under running water:</p> <p>(1) At a water temperature of 21oC (70oF) or below Pf,</p> <p>(2) With sufficient water velocity to agitate and float off loose particles in an overflow Pf, and</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48883</b></p> <p>Based on observation, interview, and record review, the facility failed to implement its policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption for 5 (Resident #5, Resident #17, Resident #22, Resident #43, and Resident #49) of 23 residents reviewed for food and nutrition services.</p> <p>The facility failed to ensure that Resident #17's personal refrigerator did not have expired goods stored and failed to log refrigerator's temperatures.</p> <p>The facility failed to ensure that Resident #43's personal refrigerator had a thermometer inside to check temperature and failed to log refrigerator ' s temperatures.</p> <p>The facility failed to ensure that Resident #22's personal refrigerator had temperature log during the month of February 2025 (last checked on [DATE]).</p> <p>The facility failed to ensure that Resident #5 ' s personal refrigerator had temperature log during the month of February 2025 (last checked on [DATE]).</p> <p>The facility failed to ensure that Resident #49 ' s personal refrigerator had temperature log during the month of February 2025 (last checked on [DATE]).</p> <p>These failures could place residents at risk for foodborne illnesses.</p> <p>The findings were:</p> <p>During an observation on [DATE] at 11:42 a.m., Resident #17 ' s personal refrigerator did not have temperature log and had a bottle of prescription hydrocortisone lotion inside of the refrigerator with expiration date of [DATE].</p> <p>During an observation on [DATE] at 11:31 a.m., Resident #43 ' s personal refrigerator did not have thermometer inside and did not have temperature log.</p> <p>During an observation on [DATE] at 11:45 a.m., Resident #22 ' s personal refrigerator had temperature log dated [DATE] and last documented temperature obtained on [DATE].</p> <p>During an observation on [DATE] at 5:33 p.m., Resident #5 ' s personal refrigerator had temperature log dated [DATE] and last documented temperature obtained on [DATE].</p> <p>During an observation on [DATE] at 5:25 p.m., Resident #49 ' s personal refrigerator had temperature log dated [DATE] and last documented temperature obtained on [DATE]. The directions on temperature log had instructions to check temperature every 5 to 7 days per month.</p> <p>During an interview on [DATE] at 12:10 p.m., LVN D stated night shift staff were responsible for checking resident ' s personal refrigerators.</p> <p>(continued on next page)</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 5:11 p.m., the ADMN stated her expectation was that resident refrigerators temperatures should have been checked on a weekly basis and recorded on a form hanging on or near the fridge. The ADMN stated staff were assigned residents to check on weekly, called Angel Rounds, to ensure residents were receiving services they needed, rooms were being clean, check temperatures of refrigerators and clean refrigerators. The ADMN stated effect on resident ' s fridge temperatures being checked could be residents receive food that had been spoiled. The ADMN stated what led to failure was staff not doing a thorough check when doing their rounds.</p> <p>Record Review of facility polity titled Personal Resident Refrigerators dated [DATE] revealed 1. Dormitory-sized refrigerators are allowed in a resident ' s room under the following conditions: .b. The refrigerator maintains proper temperatures .2. Maintenance staff/or designee shall record refrigerator temperatures weekly on a temperature log attached to the refrigerator. a. A thermometer will be placed in and remain in the refrigerator. B. Temperatures will be at or below 41 F, and freezers will be cold enough to keep foods frozen solid to the touch (or in accordance with state regulations) .3. Housekeeping and/or nursing staff as assigned shall clean the refrigerator weekly and discard any foods that are out of compliance .5. Accommodations shall be made for the resident to be present for temperature checks, observing food for sanitary storage, and cleaning of the refrigerator, if so desired by the resident. 6. The resident and/or family shall be educated on safe food storage and use of the refrigerator prior to its use, and as needed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an Infection Prevention and Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 3 residents (Resident #18) observed for infection control.</p> <p>1. The facility failed to ensure CNA B used the required PPE for Resident #18, (gown) who was on enhanced barrier precautions due to her Foley Catheter while performing Foley Catheter Care on 02/19/25.</p> <p>These failures could place the residents at risk of cross-contamination and development of infection.</p> <p>Findings included:</p> <p>Record review of Resident #18's face sheet, dated 2/18/25, reflected a [AGE] year-old female with an admitted [DATE]. Resident #1 had a diagnosis which included dementia, disorder of urinary system, and type 2 diabetes mellites.</p> <p>Record review of Resident #18's MDS dated [DATE] with a quarterly assessment dated [DATE] indicated BIMS of 8, indicating moderate cognitive impairment.</p> <p>Record review of Resident #18's Care Plan dated 2/18/25 with ADL's indicated Resident #18 has problem with recurrent urinary tract infections.</p> <p>During an observation on 2/18/25 at 9:18 AM, CNA B gathered supplies for Resident #18's catheter care and placed supplies in a plastic bag. CNA B entered room with plastic bag and did not don gown. She performed hand hygiene and put on gloves in the room prior to performing care to the resident. CNA B performed foley catheter care using clean wipe each x 4 and cleaned catheter from the resident's skin, away from the resident. CNA B disposed of each used wipe into disposal bag and performed hand hygiene after care completed and gloves removed. Resident #18's foley catheter bag was suspended to the left side of her bed and in a privacy bag. Resident #18 had sign on door notifying staff of EBP (enhanced barrier precautions). There was no PPE directly outside of room or handing on the door .</p> <p>During an interview on 2/19/25 at 04:25 PM LVN A stated Resident #18 was on enhanced barrier precautions due to her having an indwelling foley catheter. she stated that means that any employee that goes into Resident #18's room and performs any kind of patient care associated to the foley, the employee should be wearing all the gear. she stated all the gear includes gown, gloves, and mask.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/19/25 at 05:45 PM DON stated that she was the infection preventionist. She stated that enhanced barrier precautions are in place to protect the residents and employees while performing patient care from spreading any bacteria. She stated that an employee that performed foley catheter care should have been wearing the required ppe. She stated the required ppe was mask, gloves, and gown. She stated that CNA B should have been wearing a gown while she performed foley care. She stated that if the proper ppe was not worn, it could put Resident #18 at risk for an infection.</p> <p>Attempted to contact CNA B on 2/19/24 at 5:50 pm by phone, no answer, left message.</p> <p>Record review of facilities policy titled Enhanced Barrier Precautions dated 4/1/24 indicated:</p> <p>Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.</p> <p>9. Enhance barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p>