

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675797	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Weston Inn Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2505 S 37th St Temple, TX 76504	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 49048</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for three of eight residents (Residents #1, 2, and 3) reviewed for nail care, in that:</p> <p>Residents #1, 2, and were observed with long, dirty, jagged fingernails.</p> <p>This failure places the residents at risk of injury, infections, gastrointestinal issues, germs, and bacteria.</p> <p>Findings Included:</p> <p>Review of the face sheet for Resident #1 reflected a [AGE] year-old male readmitted to the facility on [DATE] with diagnoses of unspecified dementia without behavior disturbance (mental disorder in which a person loses the ability to think, remember, learn, make decisions, and solve problems), psychotic disturbance (loss of reality), mood disturbance (disconnect between a person's emotions and their actual life circumstances), and anxiety (feelings of fear, dread and uneasiness).</p> <p>Review of the annual MDS for Resident #1 dated 09/25/2024 reflected a BIMS score of 3, indicating severely impacted cognition. It also reflected that he needed extensive assistance with activities of personal hygiene.</p> <p>Review of the care plan for Resident #1 dated 08/27/24 reflected the following: Resident has an ADL self-care performance deficit related to heart failure. Interventions included: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>Observation and interview on 12/17/2024 at 8:45 AM revealed Resident #1 showed his fingernails, which were various lengths, the longest ones were an inch past the nail bed, jagged, discolored and had a brown substance under nails . He stated he wanted staff to cut his fingernails.</p> <p>Review of the face sheet for Resident #2 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of spinal stenosis (a narrowing of the spinal canal that puts pressure on the spinal cord and nerve roots that causes pain), unilateral primary osteoarthritis left knee (degenerative joint disease that affects the cartilage that cushions the ends of bones).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675797
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS for Resident #2 dated 9/15/2024 reflected a BIMS score of 15, indicating cognition is intact. It also reflected that she required extensive assistance for activities of personal hygiene.</p> <p>Review of the care plan for Resident #2 dated 9/25/2024 reflected the following: Resident The resident has an ADL self-care</p> <p>performance deficit related to weakness, impaired balance It also reflected the following: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>Observation and interview on 12/17/2024 at 9:15 AM revealed Resident #2 sitting in bed talking with roommate. Resident #2 showed her fingernails, which extended more than half an inch past the nail bed with a dark, brown substance underneath. The resident stated she would have liked for her nails to be trimmed slightly, filed, and cleaned.</p> <p>Review of the face sheet for Resident #3 reflected a [AGE] year-old female readmitted to the facility on [DATE] with diagnoses of congestive heart failure (heart cannot pump blood to the body) and major depressive disorder (mental illness that affects how a person thinks and feels).</p> <p>Review of the MDS for Resident #3 dated 11/6/2024 reflected a BIMS score of 15, indicating she could not finish the assessment interview. It also reflected she required extensive or total assistance for activities of personal hygiene.</p> <p>Review of the care plan for Resident #3 dated 11/17/2024 reflected the following: Resident has an ADL self-care performance deficit related to debility. Nail care was not addressed in care plan.</p> <p>Observation and interview on 12/17/2024 at 9:30 AM, revealed the following: Resident #3 showed her fingernails which were more than one fourth of an inch past the nail bed, with a dark, brown substance underneath the nails. She stated, These are gross. No telling what that is underneath there.</p> <p>During an interview on 12/17/2024 at 2:00 PM with CNA revealed the following: She said, As of today, we have a person on light-duty who is responsible for all nail and facial care. She said it was unacceptable for residents to have excessively long nails and debris underneath. She cited adverse outcomes for residents as germs, bacteria, and that they have to eat with those fingers. She said she has seen residents with long nails, and they were too long in her opinion.</p> <p>During an interview on 12/17/2024 at 3:20 PM with the DON revealed the following: She said nail care is the responsibility of all staff, and on 12/17/2024 had assigned nail care to one CNA. She said long, dirty nails were not acceptable unless the resident refused in which it should have been care planned. She cited adverse outcomes as the residents could scratch themselves, have broken the nail down into the quick, and had an increase in germs and bacteria. She said she has not paid attention to the residents' nails. She said they monitored staff to ensure accountability by rounding the facility.</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 - Some</p>	<p>During an interview on 12/17/2024 at 4:00 PM with the ADM revealed the following: She said it was unacceptable for residents to have long nails with debris underneath. She cited adverse outcomes as skin tears and infections. She said she has seen resident with long nails. She said they monitored staff to ensure accountability by rounding the facility and conducting observations of resident and staff interactions.</p> <p>On 12/17/2024 at 1:49 PM, requested from the ADM a policy that addressed nail care. She stated the facility did not have a nail care policy.</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>49048</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biological's in locked compartments for two of six medication carts (medication carts #2 and #3) observed for medication storage.</p> <p>There were two unlocked medication carts and an unopened bag that contained medication bottles sitting on treatment cart.</p> <p>This failure allowed residents and unauthorized staff and guests access to unprescribed medications which could have been ingested.</p> <p>Findings Included:</p> <p>Observation and initial rounds on 12/17/2024 at 5:02 AM, the RN exited a resident's room in the middle of the hallway leading to the north wing.</p> <p>Observation on 12/17/2024 at 5:09 AM revealed medication carts #2 and #3, sitting near the nurses' station , the drawers faced outward, were unlocked and unattended. There were no residents or other staff in the area. The RN had previously been down the hall and the medication carts were not visible from the middle of the hallway.</p> <p>Observation on 12/17/2024 at 5:11 AM revealed a sealed, green, plastic bag, and had the pharmacy information printed on the outside of the bag. The bag appeared to contain pill bottles when handled and shaken.</p> <p>An interview on 12/17/2024 at 5:30 AM with the RN, they stated they were passing out medications and the keys were in their pocket, and they were aware the medication carts should have been locked. They said the medications delivered from the pharmacy should have been unpackaged and stored properly.</p> <p>An interview on 12/17/2024 at 9:03 AM with the DON, they stated the medication carts should have been locked and delivered medication should have been stored promptly.</p> <p>Record Review of the facilities undated policy, Delivery, Receipt and Storage of Medication, page 11 revealed:</p> <p>6.2. Receipt of Medication</p> <p>Upon delivery by the pharmacy, the facility nurse or designee will sign the electronic delivery receipt device and assume responsibility for the receipt, proper storage, and distribution of the medications. The facility staff should notify the pharmacy immediately of any discrepancy of the medications received (damaged, erroneous, or missing items.)</p> <p>(continued on next page)</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>6.3. Storage of Medication</p> <p>The facility should ensure that only authorized facility staff should have access to the medication storage areas. Authorized facility staff should include nursing staff and those authorized to administer medications.</p>