

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Kruse Village Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 E Stone St Brenham, TX 77833	

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** Based on observation, interviews, and record review, the facility failed to ensure residents were given the appropriate services to maintain activities of daily living (ADLs) for three of six (Resident #1, Resident #2, and Resident #3) residents.</p> <ol style="list-style-type: none"> 1. Resident #1 had a soiled and stained top. 2. Resident #2 had soiled pants and unwanted facial hairs. 3. Resident # 3 had crumbs on the top of her blanket, unwanted facial hair, and had a brown substance under her fingernails. <p>These deficient practices could place residents at risk of embarrassment and placing them at risk for social isolation, loss of dignity and self-worth.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #1's Face sheet dated 06/03/2025 revealed Resident #1 admitted on [DATE] was a [AGE] year-old female with diagnosis of Unspecified Dementia (a general name for a decline in cognitive abilities that impacts a person's ability to perform everyday activities), Epilepsy (is a brain disease that causes repeated seizures), Unspecified Atrial Fibrillation (is an irregular and often very rapid heart rhythm). <p>Record review of Resident #1's MDS assessment revealed Resident #1 had a BIMS score of 06 which suggested she had severe cognitive impairment. The MDS reflected Resident #1 needed extensive assistance with toileting, shower/ bath, personal Hygiene, and partial to moderate assistance with upper and lower body dressing.</p> <p>Record review of Resident #1's care plan revealed Resident #1 was At risk for complications with deficits with ADLs. Interventions: The resident is dependent for Personal Hygiene. The resident requires partial to moderate assistance with upper body dressing, and she requires substantial/ maximal assistance with both lower body dressing.</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 - Some</p>	<p>2. Record review of Resident #2's Face sheet dated 06/03/2025 revealed Resident #1 admitted on [DATE] was a [AGE] year-old female with diagnosis to included Unspecified Dementia (a general name for a decline in cognitive abilities that impacts a person's ability to perform everyday activities), Obstructive and Reflux Uropathy (is when your urine can't flow through your ureter, bladder, or urethra due to some obstruction), Insomnia (having a hard time falling asleep at night).</p> <p>Record review of Resident #2's MDS revealed Resident #2 BIMS score was not available as the resident was unable to complete the interview. The MDS reflected resident #2 has impairment on both sides of the lower body and she uses a wheelchair. Resident # 2 is dependent for: oral care, toileting, shower, putting on and taking off footwear. Resident # 2 needs partial to moderate assistance for personal hygiene such as combing hair, applying makeup, washing, or drying her face and hands. Resident # 2 needs substantial assistance regarding upper and lower body dressing.</p> <p>Record review of Resident #2's care plan revealed Resident #2 was at risk and or has potential for complications with deficits with ADL's. The care plan stated Resident #2 required dependent assistance with dressing.</p> <p>3. Record review of Resident #3's Face sheet dated 06/03/2025 revealed Resident #1 admitted on [DATE] was a 92 -year-old female with diagnosis of Unspecified Dementia (a general name for a decline in cognitive abilities that impacts a person's ability to perform everyday activities), Obstructive and Reflux Uropathy (When urine can't flow through your ureter, bladder, or urethra due to some type of obstruction), Insomnia (having a hard time falling asleep at night).</p> <p>Record review of Resident #3's MDS revealed Resident #3 had a BIMS score of 07 which indicated severe cognitive impairment. Residents Functional Abilities indicate that Resident # 3 requires substantial/ maximal assistance for oral hygiene, toileting, and personal hygiene, as well as bathing, upper body, and lower body dressing.</p> <p>Record review of Resident #3's care plan revealed Resident #3 was at risk and/or has potential for complications with deficits with ADLs. Interventions: Resident # 3 required dependent assistance with dressing and other grooming.</p> <p>During an attempted interview on 6/3/25 at 9:05 AM with Resident#1 revealed she was not able to converse with the Investigator. She was wearing a top that was disheveled and had a dried brown substance stain on it.</p> <p>During an interview and observation on 06/03/2025 at 9:24 AM revealed Resident # 2 was located at the nursing station, she was sitting in her wheelchair holding a stuffed animal to her chest. Resident was not conversant. Resident # 2's hair was slightly disheveled. There were some unkempt facial hairs and crumbs were on her slacks.</p> <p>During an interview and observation on 06/03/25 at 8:58 AM revealed Resident # 3 was not conversant. Resident # 3 was sitting in a wheelchair by the nursing station. There were crumbs on her blue top and on a blue blanket that was situated on her lap. Her fingernails were painted but a brown substance was visible under and around her fingernails. Resident # 3's face was soiled and appeared unclean.</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 with CNA A on 06/03/2025 at 2:50pm revealed that she was trained on ADLS. She said the training covered proper training includes, transfers, greetings, body care, feeding, bathing, clothing. She said the last time she had the training was recently in a mandatory meeting. She said the ADL policy was to change the resident right away, she said to do a check and change which meant staff were to check the resident and if needed change the resident. She said the CNAs were responsible for ensuring that the residents were clean and well groomed. She said it was important to provide ADL care to the residents to ensure that they do not have skin breakdown and it makes the resident feel good when they are clean and groomed. She said the charge nurse monitors to ensure that ADL care is being done. She said the nurse monitors it by doing a skin assessment, and checking the shower sheets, she said she did not know why Resident #1, Resident #2, and Resident #3 all had dirty clothing on.</p> <p>During an interview with CNA B on 06/03/2025 at 3:11pm revealed that she was trained on ADLS. She said the training covered, bathing, helping the resident with grooming cutting the resident's nails, clothing, and bathing the resident. She said the last time she had the training was in May. She said the ADL policy was to change the resident every two hours. She said they do a check and change which meant staff were to check the resident and if needed change the resident. She said the CNAs were responsible for ensuring that the residents were clean and well groomed. She also said that nail care was done on Sunday since there were no shower on Sundays. She said it was important to provide ADL care to the residents to prevent infection and skin She said the charge nurse monitors to ensure that ADL care is being done. She said the nurse monitored it by checking PCC charting. She said Resident #1, Resident #2 and Resident #3 may have gotten dirty at breakfast.</p> <p>During an interview with MA C on 06/03/2025 3:23pm revealed that she had been trained on ADLS. She said the training covered gate belt, transfers, changed every 2 hrs. She said she had the training during her 4 days of orientation. She said that the policy for ADLS was to do the check off list and greet the resident. She said staff should be providing care every two hours or PRN. She said that if a resident needed clothing changed or grooming that staff were supposed to get it done. She said everyone was responsible to ensure ADL care was done. She said it was important to do the ADL care because the residents could not do it themselves. She said by not doing ADL care for the resident could make them feel bad. She said that the Charge Nurse, and DON were responsible for monitoring that all staff did ADL care. She said that the nurse checks documentation in PCC. She said she did not know why Resident #1, Resident #2 and Resident #3 were in dirty clothing.</p> <p>(continued on next page)</p>

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