

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675871	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/10/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  615 Faltin Ave Comfort, TX 78013	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020</b></p> <p>Based on observation, interview and record review the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 16 residents (Resident #13) who were observed for call light placement.</p> <p>The facility failed to ensure the call light was within reach for Resident #13.</p> <p>This deficient practice could affect any resident and keep them from calling for help as needed.</p> <p>The findings were:</p> <p>Record review of Resident #13's face sheet, dated 07/10/2024, revealed she was admitted to the facility on [DATE] with diagnoses which included: other specified chronic obstructive pulmonary disease, essential hypertension, dementia in other diseases classified elsewhere, unspecified severity, with anxiety, unspecified macular degeneration, shortness of breath, and localized edema.</p> <p>Record review of Resident #13's Admission MDS assessment, dated 06/29/2024, revealed the resident's BIMS score was 12, which indicated moderate cognitive impairment. The Admission MDS assessment further revealed Resident #13 required substantial/maximal assistance (helper does more than half the effort) for lower body dressing, putting on/taking off footwear, sit to stand, chair/bed-to-chair transfer, dependent (helper does all the effort) for upper body dressing and partial/moderate assistance (helper does less than half the effort) for personal hygiene.</p> <p>Record review of Resident #13's care plan, revision date of 07/02/2024, revealed Resident #13 had a problem of Category: Falls. Falls/Safety/Elopement Risk and approach revealed Encourage use of call light. Keep call light within reach.</p> <p>Observation and interview on 07/07/2024 at 10:35 a.m. revealed Resident #13's call light on the floor at the foot of the bed near privacy curtain with Resident #13 at bedside sitting in her wheelchair. Resident #13 stated she wished she could get someone who could help her turn her light on. Resident #13 stated she did not know where her call light was, but she only knew of the string to her light over her bed.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 07/07/2024 at 10:42 a.m. LVN B revealed Resident #13 did not have her call light within reach and would need to get a stuffed animal on it because they usually have one on them as she placed the call light from the floor to the bed. LVN B stated Resident #13 would not have been able to reach the call light. Resident #13 took the string in her hand. LVN B further stated everyone was responsible to place the call light within reach.</p> <p>Observation and interview on 07/10/2024 at 10:55 a.m. revealed Resident #13 in her room with over the bed table next to her while sitting in her wheelchair next to her bed which ran across the wall under the over bed light with the call light on the other side privacy curtain in the chair next to the other bed in the room. The DON was preparing Resident #13's medications for administration as Resident #13 called to her to please come in the room. The DON was observed entering and visited with her, explained to her the medications being received. The DON as she prepared to leave room and had answered resident's questions, she noticed call light and placed it beside Resident #13 with the teddy bear sitting it on her lap which was attached to the call light. The DON informed Resident #13 she was placing the call light on her lap. When DON exited Resident #13's room she stated the call light was out of reach and stated it was everyone's responsibility to ensure call lights were within reach. The DON further stated it was important for call lights to be within reach, so residents were able to call for assistance or alert staff to their needs.</p> <p>Record review of facility's Answering the Call Light policy, revised date March 2021, read Purpose: The purpose of this procedure is to ensure timely responses to the resident's requests and needs. General Guidelines 5. When the resident is in bed or confined to a chair be the call light is within easy reach of the resident.</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>42031</p> <p>Based on observations and interviews, the facility failed to post in a place readily accessible to residents, family members, and legal representatives of residents, the results of the most recent survey of the facility for 2 of 4 days (7/7/24 and 7/8/24), observed for postings.</p> <p>The facility did not have the survey results available and accessible to residents and visitors without having to ask for them on 7/7/24 and 7/8/24 during the survey period.</p> <p>This failure resulted in residents, family members, and legal representatives of residents being unable to access prior survey results without having to ask to see them.</p> <p>The findings were:</p> <p>During an observation on 7/7/24 at 8:50 a.m. there was a picture framed, and carved sign on the wall in the entrance of the facility and read the annual survey results were in the lobby for viewing. No survey results were observed in the lobby, common area, or on the nurses station desk.</p> <p>During an observation and interview on 7/7/24 at 12:30 p.m. No survey results were observed in the lobby, common area, or on the nurses station desk. The HRC stated she was unable to locate the survey result binder at that time.</p> <p>During an observation on 7/8/24 10:50 a.m. No survey results were observed in the lobby, common area, or on the nurses station desk.</p> <p>During a resident council group meeting on 07/08/24 at 11:10 a.m. some residents stated the survey binder with results was available to the residents in the front area near the desk at the front door.</p> <p>In an interview on 7/8/24 at 2:00 p.m. the HRC had the survey results binder near the nurses station and stated it was located behind the nurses station with other binders.</p> <p>In an interview on 7/10/24 at 10:55 a.m. the Administrator stated the survey results had been in a plastic pocket on the wall in the entrance but had fallen off and the plastic pocket had not been repaired yet and why the results were not where they normally were and the Administrator was unsure of when it had broken. The Administrator stated this could create the possibility of the survey results not being easily accessible to residents and visitors that wanted to read them.</p> <p>Review of the facility policy on examination of survey results revised October 2021 policy statement indicated copies of survey results are maintained in an accessible location 2. The location of the survey reports will be posted in a public area of the center as required by state regulations</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42031</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 20 days (1/1/24, 1/6/24, 1/13/24, 1/14/24, 1/20/24, 1/27/24, 2/3/24, 2/4/24, 2/10/24, 2/17/24, 4/6/24, 4/21/24, 5/11/24, 5/12/24, 6/1/24, 6/2/24, 6/8/24, 6/9/24, 6/15/24, and 6/16/24), reviewed for nursing services.</p> <p>The facility had no RN coverage for 1/1/24, 1/6/24, 1/13/24, 1/14/24, 1/20/24, 1/27/24, 2/3/24, 2/4/24, 2/10/24, 2/17/24, 4/6/24, 4/21/24, 5/11/24, 5/12/24, 6/1/24, 6/2/24, 6/8/24, 6/9/24, 6/15/24, and 6/16/24. (20 days from January 2024 to June 2024)</p> <p>This failure could result in residents not receiving the required services to meet their needs.</p> <p>The findings were:</p> <p>Record review of the CMS PBJ staffing data report run date 7/3/24 for quarter 2 (January 1 through March 31st) revealed the facility triggered for no RN hours on 1/1/24, 1/6/24, 1/13/24, 1/14/24, 1/20/24, 1/27/24, 2/3/24, 2/4/24, 2/10/24, and 2/17/24.</p> <p>Record review of the facility timesheets revealed no RN coverage for 1/1/24 (Monday), 1/6/24 (Saturday), 1/13/24 (Saturday), 1/14/24 (Sunday), 1/20/24 (Saturday), 2/3/24 (Saturday), 2/4/24 (Sunday), 2/10/24 (Saturday), 2/17/24 (Saturday), 4/6/24 (Saturday), 4/21/24 (Sunday), 5/11/24 (Saturday), 5/12/24 (Sunday), 6/1/24 (Saturday), 6/2/24 (Sunday), 6/8/24 (Saturday), 6/9/24 (Sunday), 6/15/24 (Saturday), 6/16/24 (Sunday), and 5 hours of coverage on 1/27/24 (Saturday).</p> <p>During an interview on 7/7/24 at 11:30 a.m. the DON stated she worked at a minimum of 40 hours a week Monday through Friday but often worked outside her normally scheduled hours but is salaried and does not clock in or out.</p> <p>During an interview on 7/10/24 at 9:30 a.m. the HRC stated there were other RN's the facility used that are no longer employed but she and her corporate contact were unable to access their timesheets.</p> <p>During an interview on 7/10/24 at 12:30 p.m. the Administrator stated the facility had been without a weekend RN supervisor but hired one in June 2024 and has had no issues since that time with RN coverage. The Administrator stated she was unsure of the consequences of not having an RN on duty at the facility because the nurses had immediate access to the DON by phone, the clinical resource nurse (RN), the physician's group, and 911 for emergencies and pointed across the street to the city EMS services building and stated EMS was across the street.</p> <p>Review of the facility policy for staffing revised July 2021 indicated . 4. Direct care staffing information per day including agency and contract staff is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of another facility policy for staffing revised 9-28-23 indicated . 4. The facility utilizes the services of a Registered Nurse for at least 8 consecutive hours a day, 7 days a week.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>42031</p> <p>Based on observation and interview, the facility failed to post the nurse staffing data on a daily basis at the beginning of each shift for 4 of 8 days (7/4/24, 7/5/24, 7/6/24, and 7/7/24) prior to and during the survey period, reviewed for nursing services.</p> <p>The daily staff posting was not posted on 7/4/24, 7/5/24, 7/6/24, and 7/7/24. (4 days)</p> <p>This failure could result in residents and visitors being unaware of facility staffing levels.</p> <p>The findings were:</p> <p>During an observation on 7/7/24 at 8:53 a.m. 07/07/24 the daily staffing was posted on wall to left of nursing station in a clear plastic holder and was dated 7/3/24, the sheet behind that was dated 7/4/24. There were no other daily staffing sheets observed.</p> <p>During an observation on 7/7/24 at 10:50 a.m. the daily staffing was posted on wall to left of nursing station in a clear plastic holder and was dated 7/3/24, the sheet behind that was dated 7/4/24 and had not been updated.</p> <p>In an interview on 7/7/24 at 8:58 a.m. LVN B stated she was not sure who was responsible for posting the daily staffing but thought it was the DON and on the weekends their weekend supervisor but she was not there today.</p> <p>In an interview on 7/7/24 at 10:52 a.m. the DON stated any one of the nursing staff was responsible for posting the daily staff posting.</p> <p>In an interview on 7/10/24 at 10:55 a.m. the Administrator stated the DON was responsible for posting the daily staffing sheet. The Administrator stated not posting the daily staffing could possibly result in residents and visitors not being aware of the staffing levels for that day.</p> <p>In an interview on 7/10/24 at 11:05 a.m. the DON stated she made the daily staffing sheet and placed them behind the other and any nurse on duty was to rotate the daily staffing sheet to the appropriate date.</p> <p>Review of the facility policy on staffing revised July 2021 indicated . 6. Staffing levels for direct care staffing is updated each shift and posted in a public area.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44020</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen.</p> <p>The facility failed to ensure staff wore hair restraints to cover hair when in the kitchen.</p> <p>The facility failed to ensure staff with facial hair was covered by a hair restraint.</p> <p>These failures could place residents who received meals and/or snacks from the kitchen at risk for food borne illness.</p> <p>The findings included:</p> <p>Observation on 07/07/2024 at 9:13 a.m. during initial tour of the kitchen revealed CNA A entered the kitchen and washed hands at the sink without a hair net.</p> <p>During an interview on 07/07/24 at 9:23 a.m. CNA A revealed she should have had a hair net on due to contamination. CNA A further stated she had just come in from taking some trash and had something on her hand and was trying to find the nearest sink to wash her hands. CNA A stated a hair net should be always worn when you are in the kitchen or entering the kitchen due to contamination risk.</p> <p>Observation and interview on 07/08/2024 at 3:17 p.m. revealed upon entry to the kitchen the DM not wearing a hair net or a beard restraint. The DM was observed to have been standing next to the stove and the prep table at the time of entry to the kitchen not wearing a hair net or a beard restraint. The DM quickly went into the dietary office and returned with a cook bonnet that ties in the back along with a beard restraint which was only covering his beard not his mustache. The DM revealed by not wearing the hair restraints it could cause contamination of food items in the kitchen The DM further stated the reason for the need to cover the mustache was due to bacteris was not easily washed off and his mustache could carry bacteria.</p> <p>During an interview on 07/10/2024 at 10:46 a.m. the DM revealed regarding the incident on 07/08/2024 when he was observed not wearing a hair net and beard restraint that he had just entered the kitchen, pulled a pot and the meat from thawing to begin preparation, had not put on his hair restraints yet. The DM further stated it was important to wear them as they kept hair out of the food due to hair potentially carrying bacteria. The DM stated hair getting into the food had the potential of causing sickness or illness. The DM stated hair restraints should be worn at all times when in the kitchen.</p> <p>During an interview on 07/10/2024 at 11:05 a.m. the ADM revealed staff were to wear hair restraints every time they go in the door of the kitchen. The ADM further stated by not wearing them it could be an infection control issue and that the hair restraints are worn so hair did not get on the food.</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 - Few</p>	<p>Review of facility's policy Personnel Guidelines, not dated, read Dress Code and Appearance: Wear hair restraints that are designed to effectively keep hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service or single-use articles. This helps prevent hair from contacting food and food-contact surfaces and to deter team members from touching their hair. Hair restraints may include hair bonnets and nets, beard restraints and clothing that covers body hair. Hair should be fully covered with hair restraints within the department. Other hair restraints require approval from the Dietitian or designee. Hair coverings should completely restrain hair, should not be worn outside the kitchen and remain clean.</p> <p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed, 2-402 Hair Restraints, 2-402.11, Effectiveness., (A) Except as provided in paragraph (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p>