

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47204</b></p> <p>Based on interviews and record reviews, the facility failed to ensure an accurate MDS was completed for 2 of 4 residents (Residents # 24 and 41) reviewed for MDS assessment accuracy.</p> <p>The facility failed to accurately code Resident # 24's and Resident # 41's nutritional status for weight loss on the MDS assessments.</p> <p>These failures could place residents at risk for not receiving the appropriate care and services to maintain the highest level of well-being.</p> <p>Findings included:</p> <p>1. A review of Resident #24's face sheet dated 08/07/2024 indicated she was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses which included anorexia (an eating disorder characterized by an abnormally low body weight), debility (physical weakness), and Failure to Thrive (a syndrome that describes a gradual decline in physical and cognitive function that is characterized by weight loss, malnutrition, and debility).</p> <p>A review of Resident #24's weight records indicated she weighed 95.4 pounds on 01/08/2024. Resident # 24's weight on 07/02/2024 was noted to be 84.2 pounds, indicating a weight loss of 11.2 pounds (11.7%) in the last 6 months.</p> <p>A review of a dietary note completed by the RD on 07/12/2024 for Resident #24 indicated Resident #24's July 2024 weight reflected a loss of 11.2 pounds which calculated as a 11.7% weight loss in the last 6 months.</p> <p>A review of Resident #24's Dietary Quarterly Review completed by the facility's DM on 07/24/2024 indicated Resident #24 had no weight loss in the last 6 months.</p> <p>A review of Resident #24's Quarterly MDS assessment (Section K 0300) dated 07/31/2024 indicated Resident #24 had not had a weight loss of 10% in the last 6 months.</p> <p>2. A review of Resident #41's face sheet dated 08/07/2024 indicated he was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses which included dementia, chronic kidney disease, chronic obstructive pulmonary disease (a group of diseases that block airflow making it difficult to breathe), and pneumonia.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #41's weight records indicated he weighed 124.8 pounds on 06/05/2024. Resident #41's weight on 06/24/2024 was noted to be 118.2 pounds, indicating a weight loss of 6.6 pounds (5.3%) in the last 30 days.</p> <p>A review of Resident #41's Quarterly/5-day MDS assessment dated [DATE] (Section K 0300) indicated Resident #41 had not had a weight loss of 5% in the last 30 days.</p> <p>During an interview with the MDS Nurse on 08/07/2024 at 10:45 AM/2024, she said the DM completed section K:Swallowing/Nutrition Status of the MDS assessments.</p> <p>During an interview with the DM on 08/07/2024 at 10:55 AM, she said she completed Section K of the MDS assessments. She said she also completed the Dietary Quarterly Reviews. She said she looked at the residents' weight records in the computer to determine if they had any weight loss. The DM said she did not know how to calculate the percentage of weight loss.</p> <p>During an interview on 08/07/2024 at 02:20 PM with the MDS Nurse and the DM, the MDS Nurse said that she and the DM had determined that the DM was not using a computer report that showed calculated weight changes. The DM said she had been using a computer report that listed the residents' weights but did not reflect any weight gains or losses. The MDS Nurse and DM said the MDS assessments completed on Residents # 24 and #41 were incorrect and did not reflect their weight losses.</p> <p>During an interview on 08/07/2024 at 03:15 PM, the MDS Nurse said the facility used the MDS 3.0 RAI Manual as their guide for completing the MDS assessments. She said incorrect coding of the MDS assessments could result in residents not receiving appropriate care and services.</p> <p>During an interview on 08/07/2024 at 03:40 PM the DON said the facility did not have a policy completing MDS assessments. She said the facility used the MDS 3.0 RAI as the guide for completing the MDS. She said incorrect coding of the MDS assessments could result in residents not receiving appropriate care and services.</p> <p>Record review of the MDS RAI 3.0 Manual Chapter 3: Section K: Swallowing/Nutritional Status indicated the following:</p> <p>Intent: The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately. MDS Section K 0300 indicated this section was to be coded for weight loss if a resident experienced a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	

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 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>27140</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions in the facility's only kitchen.</p> <p>There were no trash cans at both hand wash sinks.</p> <p>The dish machine was not sanitizing properly and the DW did not report so it could be repaired.</p> <p>Two thickened liquid cartons were not dated when opened.</p> <p>One 32 oz. carton of almond milk was out of date and being used.</p> <p>A drawer under the tea machine had dried brown substance in the bottom.</p> <p>These failures could place residents who ate food from the kitchen at risk of foodborne illness.</p> <p>Findings included:</p> <p>During observations and interviews on 08/05/24 of the kitchen the following was noted:</p> <p>*at 09:30 AM no trash can at the handwash sink in the dish room. There was a 55 gallon rolling trash can lined with a plastic bag which had no lid.</p> <p>*at 09:35 AM the dish machine sanitizer was checked by [NAME] A and the test strip came back white instead of purple, indicating the machine was not sanitizing the dishes after washing. [NAME] A looked at the strip and said it was not correct. She was holding the strip next to the sanitizer gauge chart on the strip container. DW B was asked about checking the machine during breakfast and he said the temperatures were all good but the sanitizer was not registering on the test strip. He said he did not tell anyone the test strips were not registering. He said he checked his sanitizing buckets with the test strips from the 3-compartment sink. He said he made a notation on the Temperature/Sanitizing log for the dish machine was sanitizing at 50 ppm when it was not registering. He did not seem to know the difference between the two types of sanitizer.</p> <p>*at 09:43 AM no trash can at the handwash sink adjacent to the 3-compartment sink. There was a 55 gallon rolling barrel adjacent to the 3-compartment sink that had an affixed lid that would need to be opened with previously washed hands,</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*at 09:50 AM in the Walk-In Cooler: 1-46 oz. Nectar Thick Cranberry Cocktail had no open date. The packaging indicated: After opening, may be kept up to 7 days under refrigeration. 1-46 oz. Nectar Thick Orange Juice had no open date. [NAME] B said they were supposed to put an open date on anything that had been opened. 1- 32 oz. almond milk was marked as being opened on 07/13/24 (23 days). The packaging on the carton indicated: Use within 7-10 days after opening. [NAME] B said the almond milk belonged to a resident who was lactose intolerant and his family member provided it to the facility. He said the kitchen gave him the milk for his cereal in the morning and used it to prepare items that needed milk such as pudding. He discarded the almond milk.</p> <p>*at 10:00 AM the drawer under the tea dispenser had the entire bottom covered with dark brown dried substance. [NAME] B removed the drawer to be washed.</p> <p>*at 10:01 AM [NAME] A had plates that needed to be re-washed and sanitized for lunch at the 3 compartment sink. She said the dish machine vendor had been called and would hopefully be at the facility by lunchtime.</p> <p>*at 11:25 AM no trash cans at either handwash sink.</p> <p>During an interview on 08/07/2024 at 10:37 AM, the DM said staff knew to date all food packaging when they were opened and would need to be stored. She said staff had been trained on dishwashing procedures and checking the sanitizing solutions on the dish machine and the 3-compartment sink. She said she would re-train staff and include information on reporting any discrepancies or issues.</p> <p>Review of an undated facility policy on Dishwashing Procedures indicated .dishwashing machine uses chemical sanitizing, where a chemical such as chlorine is dispensed into the rinse water .the dietary staff must check the rinse water during each dishwashing period to assure at least 50 ppm of sanitizing solution in the rinse water.</p> <p>Review of an undated facility policy on Food Storage indicated .items such as salad dressings, cottage cheese, etc. should be dated as opened.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47204</p> <p>Based on interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete and accurately documented for 2 of 4 Residents (Residents #'s 24 and 41) reviewed for medical records accuracy.</p> <p>The facility failed to ensure the Dietary Manager accurately documented weight losses in the Dietary Quarterly Reviews for Resident #24 and Resident #31.</p> <p>These deficient practices could affect residents whose records are maintained by the facility and could place them at risk for errors in care and treatment.</p> <p>The findings included:</p> <p>1. A review of Resident 24's face sheet dated 08/07/2024 indicated she was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses which included anorexia (an eating disorder characterized by an abnormally low body weight), debility (physical weakness), and Failure to Thrive (a syndrome that describes a gradual decline in physical and cognitive function that is characterized by weight loss, malnutrition, and debility).</p> <p>A review of Resident #24's weight records indicated she weighed 95.4 pounds on 01/08/2024. Resident # 24's weight on 07/02/2024 was noted to be 84.2 pounds, indicating a weight loss of 11.2 pounds (11.7%) in the last 6 months.</p> <p>A review of a dietary note completed by the RD on 07/12/2024 for Resident #24 indicated Resident #24's July 2024 weight reflected a loss of 11.2 pounds which calculated as a 11.7% weight loss in the last 6 months.</p> <p>A review of Resident #24's Dietary Quarterly Review completed by the facility's DM on 07/24/2024 indicated Resident #24 had no weight loss in the last 6 months.</p> <p>2. A review of Resident #41's face sheet dated 08/07/2024 indicated he was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses which included dementia, chronic kidney disease, chronic obstructive pulmonary disease (a group of diseases that block airflow making it difficult to breathe), and pneumonia.</p> <p>A review of Resident #41's weight records indicated he weighed 124.8 pounds on 06/05/2024. Resident #31's weight on 06/24/2024 was noted to be 118.2 pounds, indicating a weight loss of 6.6 pounds (5.3%) in the last 30 days. Resident #41's weight on 07/01/2024 was noted to be 118.0 pounds, indicating a weight loss of 6.8 pounds (5.4%) in the last 30 days.</p> <p>A review of medical records indicated a progress note dated 07/04/2024 wherein the DON noted Resident #41 had a 5% weight loss in the last month.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Cedar Lake Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 W Royall Blvd Malakoff, TX 75148	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a the RD's Dietician Comprehensive Review dated 07/12/2024 indicated Resident #41's July 2024 weight showed a 6.8 pounds (5.4%) weight loss in the last 1 month.</p> <p>A review of Resident #41's Dietary Quarterly Reviews completed by the facility's DM on 07/24/2024 and 07/29/2024 indicated Resident #41 had no weight loss in the last 30 days.</p> <p>During an interview with the DM on 08/07/2024 at 10:55 AM, she said she completed the Dietary Quarterly Reviews. She said she looked at the residents' weight records in the computer to determine if they had any weight loss. The DM said she did not know how to calculate percentage of weight loss. She said she had not asked anyone how to calculate the percentage of weight loss. She said she used the information documented on the Dietary Quarterly Reviews to complete MDS assessments. She said incorrect Dietary Quarterly reviews could place residents at risk for incorrect MDS assessments.</p> <p>During interviews with the MDS Nurse and the DON on 08/07/2024 at 03:15 PM and 03:40 PM respectively, they said incorrect assessment data on the Dietary Quarterly Reviews could place residents at risk for having incorrect MDS assessments and not receiving appropriate care and services.</p> <p>During an interview on 08/07/2024 at 03:40 PM the DON said the facility did not have a policy on Dietary Reviews nor a policy on documentation/charting accuracy.</p>		