STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675903	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mexia Ltc Nursing and Rehab	601 Terrace LN Mexia, TX 76667

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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957 Based on observations, interviews, and record reviews the facility failed to ensure residents received services in the facility with reasonable accommodations of resident's needs and preferences except when to do so would endanger the health and safety of the resident or other residents for 1 of 25 residents (Resident #3) reviewed for resident rights; in that: The facility failed to ensure Resident #3"s call light was within reach. This failure could place residents at risk of needs not being met. Findings included: Record review of Resident #3's admission record, dated 09/25/24, reflected an [AGE] year-old female who was readmitted to the facility on [DATE]. Resident #3 had diagnoses which included: Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and eventually, the ability to carry out the simplest tasks), ataxic gait (type of waking that's awkward and uncoordinated), lack of coordination (uncoordinated movement, coordination impairment, or loss of coordination), muscle weakness (loss of muscle strength that can make it difficult to move a muscle normally), and gastro-esophageal reflux disease with esophagitis (a condition in which stomach acid repeatedly flows back up into the tube connecting the mouth and stomach). Record review of Resident #3's quarterly MDS assessment, dated 05/29/24, reflected Resident #3 had a BIMS score of 00, which indicated the resident was cognitively severely impaired. Resident #3's Quarterly MDS reflected Resident #3 required substantial/maximal assistance in the areas of oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. Resident #3's Quarterly MDS reflected Resident #3 was dependent for shower/bathe self. Record review of Resident #3's care plan, dated 09/25/24, reflected Resident #3 was care planned for falls r/t gait/balance problems and hx of falls and had an intervention of be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. During an observation on 09/23/24 at 1:30pm, revealed Resident #3 was lying in bed and her call light was out of the resident's reach. Resident #3's call light was lying on the floor on the right side of the bed. (continued on next page)

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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 09/23/24 at 3:39pm, revealed Resident #3 was lying in bed and her call light was out of the resident's reach. Resident #3's call light was lying on the floor on the right side of the bed. An interview with the DON on 09/25/24 at 1:45pm, the DON stated that if a resident's call light was not within reach, then the resident would not be able to get assistance if needed. The DON stated that it was everyone's responsibility to ensure call lights were always within reach. The DON stated if a resident's call light was not within reach the resident may not get timely assistance. An interview with the ADM on 09/25/24 at 1:45pm, the ADM stated that if a resident's call light was within reach, then the resident would not be able to get assistance if needed. The ADM stated that anyone who entered the resident's room was responsible for ensuring call lights were within reach. The ADM stated that CNAs make rounds at least every two hours and during rounds CNAs should ensure call lights were within reach, residents were comfort, and dry. The ADM stated if a resident's call light was not within reach the resident could fall trying to reach the call light or the resident would not receive timely care. Record review of the policy for call System, Resident, dated September 2022, reflected Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Policy Interpretation and Implementation 1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. 2. Call system communication may be audible or visual. The system may be wired or wireless. 3. The resident call system remains functional at all times. If audible communication is used, the volume is maintained at an audible level that can be easily heard. If visual communication is used, the lights remain functional .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957 Based on interviews and record review the facility failed to ensure assessments accurately reflected the resident's status for 1 of 7 residents (Residents #37) reviewed for resident assessments. The facility failed to ensure Resident #37's Quarterly MDS reflected that Resident #37 had difficulty chewing. This deficient practice could place residents at-risk for inadequate care due to inaccurate assessments. Findings include: A record review of Resident #37's face sheet dated 09/25/24 reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #37's diagnoses included chronic obstructive pulmonary disease (lung disease that causes air flow limitations and breathing related symptoms), Hypokalemia (lower than normal potassium level in bloodstream), lack of coordination (condition that makes it difficult to control your movements), muscle weakness (loss of muscle strength that can make it difficult to move a muscle normally), and cognitive communication deficit (a condition that makes it difficult for a person to communicate due to brain injury or other issues) A record review of Resident #37's Quarterly MDS assessment, dated 08/28/24, reflected the resident had a BIMS score of 14, which indicated cognition was cognitively intact. Resident #37's Quarterly MDS reflected Resident #37 required supervision or touching assistance in the areas of oral hygiene, eating, personal hygiene, and upper body dressing. Resident #37's Quarterly MDS did not reflect the resident had difficulty with chewing. A record review of Resident #37's care plan, dated 09/25/2024, reflected Resident #37 was care planned for diet: regular, regular texture, regular liquids. Resident #37's care plan did not reflect the resident's chopped meat diet. A record review of Resident #37's physician's orders, dated 09/25/2024, reflected Resident #37 had an order dated 06/03/24 for regular diet, regular texture, regular consistency with directions: chopped meat. A record review of Resident #37's dental treatment note, dated 09/16/24, reflected Resident #37 was missing teeth numbers 1, 2, 3, 4, 5, 11, 13, 14, 15, 16, 17, 18, 25, 16, 31, & 32. An interview with Resident #37 on 09/25/24 at 12:45pm, Resident #37 stated that she had missing and chipped teeth prior to admission. Resident #37 stated she must have chopped meat due to her having difficulty chewing. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the MDS Coordinator on 09/25/24 at 1:30pm, the MDS Coordinator stated that she was responsible for completing MDS and care plan assessments. The MDS Coordinator stated a resident's MDS assessment should reflect if a resident had difficult chewing or chipped teeth. The MDS Coordinator stated that if a resident's MDS assessment was inaccurate then the resident my not receive the appropriate care or possibly lose weight due to not eating. An interview with the DON on 09/25/24 at 1:45pm, the DON stated that if resident has difficulty chewing that should be reflected on the MDS. DON stated if the Resident #37's MDS assessment did not reflect the resident's chewing difficulties then the resident would not eat, lose weight, and not receive the proper care needed. An interview with the ADM on 09/25/24 at 1:45pm, the ADM stated that if resident has difficulty chewing that should be reflected on the MDS. The ADM stated if Resident #37 has difficulty eating it should be reflected on her MDS assessment. The ADM stated if the resident's MDS assessment did not reflect the resident's chewing difficulties then the resident would not eat, lose weight, and not receive the proper care needed. A record review of the facility's Resident Assessment policy, dated October 2023, reflected Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment instrument) must sign and certify the accuracy of the portion of the assessment. Policy Interpretation and Implementation 1. Any health care professional who participates in the assessment process is qualified to assess the medical functional and/or psychosocial status of the resident that is relevant to the professional's qualifications and knowledge. 2. Any person who completes any portion of the MDS assessment, tracking form, or correction request form is required to sign the assessment certifying the accuracy of that portion of that assessment .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957 Based on interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 7 residents (Residents #37) reviewed for comprehensive care plans. Resident #37's comprehensive care plan did not reflect Resident #37's diet included chopped meat. This deficient practice could place residents at risk for not receiving proper care and services due to inaccurate care plans. Findings include: A record review of Resident #37's face sheet dated 09/25/24 reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #37's diagnosis included chronic obstructive pulmonary disease (lung disease that causes air flow limitations and breathing related symptoms), Hypokalemia (lower than normal potassium level in bloodstream), lack of coordination (condition that makes it difficult to control your movements), muscle weakness (loss of muscle strength that can make it difficult to move a muscle normally), and cognitive communication deficit (a condition that makes it difficult for a person to communicate due to brain injury or other issues) A record review of Resident #37's Quarterly MDS assessment, dated 08/28/24, reflected the resident had a BIMS score of 14, which indicated cognition was cognitively intact. Resident #37's Quarterly MDS reflected Resident #37 required supervision or touching assistance in the areas of oral hygiene, eating, personal hygiene, and upper body dressing. Resident #37's Quarterly MDS did not reflect the resident had difficulty with chewing. A record review of Resident #37's physician orders, dated 09/25/2024, reflected Resident #37 had an ordered dated 06/03/24 for regular diet, regular texture, regular consistency with directions: chopped meat. A record review of Resident #37's care plan, dated 09/25/2024, reflected Resident #37 was care planned for diet: regular, regular texture, regular liquids. Resident #37's care plan did not reflect the resident chopped meat diet. A record review of Resident #37's dental treatment note, dated 09/16/24, reflected Resident #37 was missing teeth numbers 1, 2, 3, 4, 5, 11, 13, 14, 15, 16, 17, 18, 25, 16, 31, & 32. An interview with resident #37 on 09/26/24 at with Resident #37, the resident stated that she had missing and chipped teeth prior to admission. Resident #37 stated she must have chopped meat due to her having difficulty chewing. Resident #37 stated that she difficulty chewing meats and hard tough items. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with MDS Coordinator on 09/25/24 at 1:30pm, the MDS Coordinator stated that she was responsible for completing MDS and care plan assessments. The MDS Coordinator stated a resident's care plan should reflect if a resident required chopped meat diet. MDS Coordinator stated if a resident's care plan did not reflect a resident required chopped meat the resident my not received chopped meat, the resident would have difficulty eating, and the resident could possibly lose weight from not eating. An interview with DON on 09/25/24 at 1:45pm, the DON stated that if resident has an order for chopped meat that should be reflected on the resident's care plan. The DON stated that resident's care plan did not reflect the resident needed chopped meat then the resident would possibly get the wrong textured meat, resident would have a difficult time chewing, and the resident could possibly lose weight. An interview with ADM on 09/25/24 at 1:45pm, the ADM stated that if resident has an order for chopped meat that should be reflected on the resident's care plan. The ADM stated that resident's care plan did not reflect the resident needed chopped meat then the resident would possibly get the wrong text meat, resident would have a difficult time chewing, the resident my not eat, and the resident could possibly lose weight. A record review of the facility's Care Plans, Comprehensive Person-Centered policy, dated 2016, reflected A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 1. The interdisciplinary Team (IDT) in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 8. The Comprehensive, person-centered care plan will: a. Include measurable objective and time frames; b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. c. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; d. Describe any specialized services to be provided as a result of PASARR recommendation; e. Include the resident's stated goals upon admission and desired outcome; f. Include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire; g. Incorporate identified problems areas;

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957 Based on observations, interviews, 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 2 (Resident #99 and Resident #23) of 6 residents reviewed for infection control. CNA A failed to perform hand hygiene with a glove change when cleansing from back to front during peri-care and Foley catheter care for Resident #99 and the aide donned gloves from her pants pocket. VLN A failed to perform hand hygiene when changing gloves when providing wound care for Resident #23. These failures have the potential to affect all residents in the facility by exposing them to care that could lead to the spread of viral or secondary infections and communicable diseases. Findings included: Record review of Resident #23's undated face sheet reflected the resident was a [AGE] year-old female with an admitted [DATE]. Resident #23 had diagnoses which included Congestive heart failure, non-pressure chronic ulcer of left lower leg, Peripheral vascular disease, and Diabetes mellitus type 2. Record review of Resident #23's MDS quarterly assessment, dated 09/20/24, reflected the resident had a BIMS score of 15, which indicated she had intact cognition. Section M of the MDS reflected Resident #23 had application of nonsurgical dressing and application of ointments/medications. Record review of Resident #99's undated face sheet reflected the resident was a [AGE] year-old male with an admitted [DATE]. Resident #99 had diagnoses which included Type 2 diabetes mellitus without complications (an impairment in the way the body regulates and uses sugar), Pneumonia, Urinary retention, and Benign prostatic hypertrophy. Record review of Resident #99's MDS quarterly assessment, dated 09/05/24, reflected the resident had a BIMS score of 15, which indicated the resident was cognitively intact. Section H of the MDS reflected Resident #99 had an indwelling catheter. Observation on 09/24/24 at 11:50 AM of peri-care and Foley catheter care for Resident #99 with CNA A and CNA B revealed no hand hygiene or glove changes were observed when CNA A was applying barrier cream to Resident #99's bottom and bilateral groin area. CNA A then conducted Foley catheter care without conducting hand hygiene or changing gloves. Interview on 09/24/24 at 12:07 PM with CNA A revealed she was trained to place gloves in her pocket when providing resident care and she didn't think it would be an infection control issue. She stated she had forgotten to clean Resident #99's Foley catheter tubing. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 09/25/24 at 09:50 AM with CNA B revealed it was important to follow infection control precautions because it could hurt the resident if they got an infection, or another infection. CNA B further stated she had received training on infection control and peri-care. An observation on 09/25/24 at 09:55 AM of wound care provided by LVN A was observed for Resident #23. The wound was documented in physician orders as a venous wound to the left posterior thigh. LVN A did not conduct hand hygiene properly before donning clean gloves and accessing clean supplies. LVN A did put on clean gloves prior to cleansing Resident #23's wound using aseptic non-touch technique but did not conduct hand hygiene before donning clean gloves. Interview on 09/25/24 at 10:11 AM with LVN A revealed she knew she should have sanitized her hands with each glove change because cross-contamination could occur when hands were not cleansed. LVN A further stated the resident could become very ill from staff not performing good infection control measures with hand hygiene. LVN A stated she had received training on infection control and hand hygiene. Record review of training/in-servicing reflected: In-service on 06/04/24 - Preventing Urinary Tract Infections: 1. Provide peri-care appropriately - Instruct residents to wipe from front to back 2. Provide proper catheter are In-service on 07/10/24 - Antibiotic Stewardship and Infection Control In-service on 09/26/24 - Peri-care and Urinary Tract Infections An interview on 09/25/24 at 01:15 PM with the DON revealed it was important to practice infection control/hand hygiene when providing care to residents because it cut down on the spread of infection. She stated hands should be washed or cleaned with an alcohol-based hand sanitizer between each resident. The DON stated it was her responsibility to ensure infection control measures were followed by staff in the facility. The DON further stated if infection control measures including hand hygiene were not followed, it could increase the spread of infection. The DON stated her expectation was for staff to follow infection control protocols correctly. An interview on 09/25/24 at 01:26 PM with the ADM revealed it was important to practice infection control/hand hygiene when providing care to residents to keep the spread of infection down in the facility and protect the residents. The ADM further stated her expectation was for all employees to practice hand hygiene and to always follow infection control measures. Review of facility policy titled Administering Medications dated December 2021 reflected staff shall follow established facility infection control procedures (handwashing, antiseptic techniques, gloves, isolation precautions) for the administration of medications as applicable. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility policy titled Handwashing and Hand Hygiene dated October 2023 reflected, All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors, and Hand hygiene is indicated immediately before touching a resident, before performing an aseptic task, after contact with blood, body fluids, or contaminated surfaces, after touching a resident, after touching the resident's environment, before moving from work on a soiled body site to a clean body site on the same resident, and immediately after glove removal. Review of facility policy titled Policies and Practices - Infection Control dated October 2018 reflected, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.