

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40884</p> <p>49099</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, for 2 of 7 residents (Resident #400 and Resident #188).</p> <p>1. ADON A observed Resident #400 sliding out of the bed and walked out without aiding the resident with bed mobility.</p> <p>2. The facility failed to ensure a qualified staff fed Resident #188.</p> <p>These deficient practices could place residents at risk for injury, harm, and low sense of self-worth.</p> <p>The findings included:</p> <p>1.</p> <p>Review of Resident #400's face sheet dated [DATE] reflected am [AGE] year-old female admitted to the facility on [DATE] with a diagnosis that included cerebral infarction (stroke- occurs when blood supply to part of the brain is blocked or reduced), acute pulmonary edema (condition caused by fluid in the lungs), acute kidney failure, history of falling, muscle weakness, unsteadiness on feet, and epilepsy. The face sheet also reflected Resident #400 was discharged on [DATE].</p> <p>Review of Resident #400's quarterly MDS assessment dated [DATE] reflected a BIMS score of 5 indicating severe cognitive impairment. Section GG- functional abilities indicated lying to sitting on the side of the bed Resident #400 required supervision or touching assistance while sit to lying and sit to stand required partial/moderate assistance.</p> <p>Review of Resident #400's care plan revealed I have a self-care deficit related to need for assistance with ADL care related to history of CVA with interventions that included bed mobility: x1 person assistance as well as turning and repositioning: on rounds as needed, x1 person assistance.</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: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #400's transfer/lift status assessment dated [DATE] reflected transfer/lift screening: no lift needed.</p> <p>Review of Resident #400's nursing progress notes reflected a nursing noted dated [DATE] resident discharging with family member, resident has no skin issues noted at this time and neuros done with resident alert and denies pain at this time. Resident able to stand with family for transport.</p> <p>An observation of surveillance video footage provided on [DATE] at 09:25 AM by Resident #400's family member, surveillance video inside Resident #400's room revealed:</p> <p>* time stamp of [DATE] at 03:47 PM showed Resident #400 in her room lying in bed, an alarm was heard and resident #400 was observed swinging her legs and getting her feet to the floor with her upper body still on the bed lying on her back facing up. ADON A was then observe entering the room saying, they are checking the fire alarm and I am making sure everyone is safe. Currently, as ADON A was communicating with Resident #400, the resident was observed reaching her arm out to ADON A requesting assistance to sit up. ADON A was observed walking completely in the room and looked at Resident #400 before walking back out without providing assistance to Resident #400 to either sit up in bed or get her body completely back in the bed.</p> <p>*time stamped [DATE] at 03:51 PM, Resident #400 was seen with both feet on the floor with her upper body on the bed, her right hand on the bed rail, her walker directly in front of her and she was heard on video calling for assistance. Resident #400 appeared to need assistance sitting up in bed.</p> <p>In an interview on [DATE] at 09:03 AM with Resident #400's family member, he stated that he observed the video surveillance as the events occurred on [DATE] and said he had to call the nurses station to speak to someone that would go in to assist Resident #400. He stated that the total time it took for someone to return to assist Resident #400 back into bed was 10 minutes. Resident #400's family stated that she was ambulatory and can move around but it was difficult for her to go from lying to sitting on her own at times. Resident #400's family stated that he was upset that staff did not assist when going into her room, and that he believed it took too long for them to give her the attention she needed. He stated he had been in the process of moving Resident #400 out of the facility and said no complaint or grievance was given to the facility about the incident he witnessed on the camera until the very last day on discharge when he mentioned it to staff on the way out.</p> <p>In an interview on [DATE] at 04:31 PM with the DON, after seeing the surveillance video she stated the individual in the video was ADON A. The DON stated that it was her expectation that if a resident was observed needing assistance in any manner that assistance if provided to them. She stated that failure to provided assistance to a resident who needs help sitting up or was sliding off the bed could potentially result in the resident having a fall. The DON stated that Resident #400's family member did not immediately file a complaint or make staff aware of ADON A not providing assistance until days later. She stated that he only mentioned it briefly and would not provide details because he already made up his mind about moving the resident. The DON stated the video footage was not provided to them, so they were unaware of the full details. The DON stated she remembered typing a statement during that time to document .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 05:00 PM with the ADM, after seeing the surveillance video she stated the individual in the video was staff member ADON A. She stated it was her expectation that all staff provided assistance to residents when asked or if they see they need help with repositioning to assist. She stated a potential negative outcome of not assisting would be that there would be the potential for the resident to have a fall. The ADM stated that Resident #400's family member brought up the concern to staff but refused to provide details and did not provide the surveillance video to them at the time.</p> <p>In an interview on [DATE] at 05:23 PM with ADON A she stated it was her expectation that if a resident required assistance that staff assist. She stated a potential negative outcome of not assisting a resident with repositioning would be the resident could slide off the bed and break something. After seeing the surveillance video from Resident #400's room, she stated she does not recall what was happening at the time but believed she may have gone out to get someone else because she believed the resident was a 2 person assist (documentation shows the resident was only x1 assist). She stated that having the resident wait over 10 minutes for assistance was unacceptable.</p> <p>Review of the DON letter documentation dated [DATE] reflected:</p> <p>Family member did not want to tell writer about the situation at first but began to inform writer about a situation that he was concerned about during Resident #400's stay related to a team member that did not provide Resident #400 assistance. He informed writer that he did not want the individual to get in trouble, but that he had enough incidents with Resident #400 at this facility that he decided to discharge her at this time. Writer asked family member to elaborate on any incidents and he did not want to elaborate. He said that he decided to discharge. The letter was electronically signed by the DON.</p> <p>2.</p> <p>Review of Resident #188's face sheet, dated [DATE], reflected a [AGE] year-old female who was admitted on [DATE] with diagnoses including type 2 diabetes mellitus with diabetic neuropathy, unspecified (high blood sugar can injure nerves throughout the body), Alzheimer's disease with early onset (progressive brain disorder that gradually destroys memory, thinking skills, and the ability to carry out daily tasks), and panic disorder (a sudden wave of fear or discomfort or a sense of losing control even when there is no clear danger).</p> <p>Review of Resident #188's Admission MDS, dated [DATE] was in progress.</p> <p>Review of Resident #188's Baseline Care Plan, dated [DATE], reflected Resident #188 had a self-care deficit related to generalized weakness and decreased in cognitive status (decline in a person's mental abilities, including memory, thinking, decision-making, and problem-solving). Intervention: Eating and Drinking- Set up assistance as needed; Resident #188 was able to feed self but may require more physical assistance at times. Resident #188 may need one person assistance with feeding and drinking.</p> <p>Observation on [DATE] at 11:05 AM Activity Assistant was standing in the dining room located on the 600-hall feeding Resident #188. There was not any other staff in the dining room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on [DATE] at 11:50 AM the Activity Assistant stated she had not received any training to feed a resident. She stated she was not a CNA and was not a paid feeding assistant. Activity Assistant stated she was not qualified to feed any resident and she was trying to help Resident #188 eat her cherry dessert that was served during an activity. Activity Assistant stated she was wrong to feed a resident. She stated there was a potential she may not feed a resident correctly and a resident may choke. Activity Assistant stated there was a possibility if a resident choked and she could not find a nurse the resident may die. She stated there was not any other staff in the dining room and if a resident began to choke, she would need to leave the dining room and find a nurse or someone with CPR (Cardiopulmonary resuscitation- an emergency treatment that's done when someone's breathing, or heartbeat has stopped) certification. The Activity Assistant stated anytime resident were eating in the dining room safety precaution needed to be in place such as a nurse in the dining room to help a resident if they choked. The Activity Assistant stated she did not have her CPR certification. She stated she had not been in-service or trained by anyone in the facility on feeding residents.</p> <p>Interview on [DATE] at 1:10 PM the Director of Nurses stated she was not aware of Activity Assistant being qualified to feed residents. She stated if a staff was not qualified to feed a resident there was a potential a resident may not be feed correctly and a resident had a potential for aspiration. She stated she expected all staff to be qualified to feed all residents. The Director of Nurses stated qualification included being a CNA, Nurse, or Speech Therapy. She stated staff had been in serviced on feeding residents but only the staff with the qualifications. The Director of Nurses stated she did not know the qualifications of the Activity Assistant.</p> <p>Interview on [DATE] at 1:45 PM The Administrator stated the Activity Assistant was not qualified to feed a resident. She stated her expectations was only CNA's, Nurse or Speech Therapist was the only qualified staff to feed residents. She stated if someone not qualified to feed a resident there was a possibility a resident may aspirate. She stated anytime a resident was being fed in the dining room the nurse was expected to be present. The Administrator stated the nurse would need to be present to ensure if there were any issues with resident during feeding a nurse could intervene immediately. The Administrator did not elaborate of what type of issues may occur during feeding a resident.</p> <p>Interview on [DATE] at 2:30 PM requested from the Administrator qualifications protocol for feeding residents and it was not provided at time of exit.</p> <p>Review of Activity Assistant Personnel record reflected she was hired on [DATE]. She was not a certified nurses assistant and did not have any training on feeding residents.</p> <p>Review of the facility policy titled Quality of Care last revised on ,d+[DATE] reflected:</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to community residents. Based on comprehensive assessment of a resident, the community will ensure residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>Mobility: a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Statement of Residents Rights last revised on ,d+[DATE] reflected:</p> <p>The community should educate, encourage, and honor the rights of those we serve. Further the community should assist a resident to fully exercise their rights as applicable.</p> <p>Resident rights include:</p> <ul style="list-style-type: none"> - To all care necessary for them to have the highest possible level of health. - To be treated with courtesy, consideration, and respect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40884</p> <p>49099</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food and drink that was palatable, attractive and at a safe and appetizing temperature for residents who consumed foods orally from the only kitchen in the facility in that:</p> <ol style="list-style-type: none"> 1. <ul style="list-style-type: none"> a) The test tray of the lunch meal on 02/06/25 was lukewarm, unappetizing in appearance (no seasoning observed, and soggy roll on the plate), not cooked well (related to beef and pasta noodles) and lacked seasoning and flavor. b) The facility failed to provide palatable food that was attractive or appetizing to residents' who complained the food did not look or taste good. 2. The facility failed to follow the puree diet recipe. The puree scramble eggs recipe required three tablespoons and one teaspoon of food thickener. There was not a recipe for oatmeal. <p>This failure could place residents at risk of decreased food intake, hunger, unwanted weight loss, and diminished quality of life.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. An observation on 02/06/25 at 01:34 PM, a lunch test tray was sampled. The test tray consisted of beef stroganoff pasta noodles, green beans, roll, tea, and water. Initial observation and appearance of the meal, no seasoning was observed on the green beans, the roll appeared soggy as it was placed on the same plate with the beef stroganoff pasta noodles and had soaked up the fluids from the pasta water and gravy. The beef gravy had an oily/fatty appearance. In tasting the meal, the pasta noodles texture was overcooked and felt mushy and dissolved in mouth. The gravy with the beef had very little flavor, felt greasy and watered down in taste; the beef mixed in the gravy was tough. The green beans did not have seasoning observed and did not taste like they had any seasoning. The top of the roll was a good texture, but the bottom was soggy as it has soaked up juices from the pasta noodles and gravy. The overall temperature of the meal was lukewarm. <p>Review of Resident #3's face sheet dated 02/07/25 reflected a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis that included cerebrovascular disease (condition that affects blood flow to brain), chronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs), major depressive disorder (mood disorder characterized by persistent feelings of sadness and loss of interest), pneumonia (infection of the air sacs in one or both lungs), and bed confinement status.</p> <p>Review of Resident #3's Quarterly MDS assessment dated [DATE] reflected a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's physicians orders reflected an order with a start date of 05/09/24 for RCS (reduced concentrated sweets) diet, regular texture, thin/regular consistency, divided plate.</p> <p>In an interview and observation on 02/06/25 at 03:32 PM in Resident #3's room, she was observed with a fast-food bag and eating a fried chicken sandwich, waffle fries, and 32 oz drink. Resident #3 stated that she was served and ate the lunch meal consisting of the beef stroganoff noodles. Resident #3 stated she did not like the gravy on the noodles and the meat saying, it had no flavor. She stated the green beans had no seasoning and she could not eat the roll because it was soaked from the fluids coming from the pasta and gravy. She stated she had the meal in her room and when it arrived to her it was cold. Resident #3 stated she was left hungry and that is why she ordered the fast food that she was observed eating.</p> <p>Review of Resident #39's face sheet dated 02/07/25 reflected a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis that included type 2 diabetes without complications (condition resulting from insufficient production of insulin causing high blood sugar), essential (primary) hypertension (high blood pressure), polyneuropathy (damage to peripheral nerves throughout the body), and age-related debility.</p> <p>Review of Resident #39's Quarterly MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment.</p> <p>Review of Resident #39's physicians orders reflected an order dated 05/09/24 for a RCS (reduced concentrated sweets) diet, regular texture, thin/regular consistency.</p> <p>In an interview on 02/06/25 at 03:37 PM with Resident #39, she stated the beef stroganoff was not appealing to her, so she ordered a hamburger from the always available menu. Resident #39 stated she felt the hamburger was undercooked and sent it back and requested a new one. Resident #39 stated the new burger was still not hot enough or appetizing and was only semi-warm she stated she ate only enough to be able to take medications so she wouldn't have to take them on an empty stomach.</p> <p>Review of Resident #19's face sheet dated 02/07/25 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included type 2 diabetes mellitus without complications (condition resulting from insufficient production of insulin causing high blood sugar), generalized muscle weakness, contracture of the right hand (type of scarring or fibrosis that stiffens and tightens tissues reducing range of motion), and personal history of traumatic brain injury.</p> <p>Review of Resident #19's Quarterly MDS assessment dated [DATE] reflected a BIMS score of 15 indicating cognition intact.</p> <p>Review of Resident #19's physicians orders reflected an order dated 05/09/24 for a RCS (reduced concentrated sweets) diet, regular texture, thin/regular consistency, built up utensils.</p> <p>In an interview on 02/06/25 at 03:41 PM with Resident #19, he stated he was served and ate the beef stroganoff for lunch. He stated the food didn't have good flavor. He stated he had to put salt on the green beans because they didn't have any seasoning, and that the food was lukewarm and not very hot.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #18's face sheet dated 02/07/25 reflected am [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene (condition resulting from insufficient production of insulin causing high blood sugar with complications), adjustment disorders, dementia-without behavioral disturbance-psychotic disturbance-mood disturbance- and anxiety, and hyperlipidemia.</p> <p>Review of Resident #18's comprehensive MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment.</p> <p>Review of Resident #18's physicians orders reflected an order dated 11/23/24 for a RCS (reduced concentrated sweets) diet, regular texture, thin/regular consistency, for diabetes large protein portions with meals, renal precautions.</p> <p>In an interview and observation on 02/06/25 at 03:49 PM with Resident #18 and his family, an observation was made of Resident #18 in his room with family member at bedside. Resident #18 was being fed breakfast cereal in a cup by his family member. Resident #18 stated he was served the beef stroganoff for lunch and said it was not good and had no seasoning. Resident #18's family member stated that he complained to her about the food, and she tasted it and said it was not good and the noodles were not cooked well. Resident #18's family member stated he was still a little hungry after, so she brought him some breakfast cereal to eat.</p> <p>In an interview on 02/07/25 at 10:07 AM with the DM, she stated it was her expectation that all residents received a fine dining experience. She stated she expected for the food to be flavorful and enjoyed, for the presentation to be good, and for residents to have the meal to their liking. She stated a potential negative outcome of residents not enjoying their food could result in the potential for weight loss.</p> <p>In an interview on 02/07/25 at 05:00 PM with the ADM she stated it was her expectation that the food quality and taste be fit for the residents. She stated she expected the food to be restaurant style, have good presentation, and should be palatable. The ADM stated that a potential negative outcome of poor-quality food is the potential for residents to have poor intake which could result in weight loss.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Observation and interview on 02/07/2025 at 6:45 AM until 7:15 AM, DC K placed eggs into the puree equipment and proceeded to puree the eggs. When she observed the eggs, she stated she needed to add thickener to the eggs. She reviewed the recipe and it revealed to add 3 tablespoons and 1 teaspoon per 10 servings. DC K was preparing 10 servings. She stated there was not a tablespoon in the kitchen and she had an 8 ounce measuring cup. DC K proceeded to place the thickener in the 8-ounce measuring cup. DC K stated I guessed how much thickener a tablespoon would be when I put the thickener in the 8-ounce measuring cup. The DC K was going to puree the oatmeal and placed the oatmeal into the puree equipment. She walked to the recipe manual and was going to review the recipe to determine how much thickener or if needed milk to put into the oatmeal. When she reviewed the recipe manual, there was not a recipe for oatmeal. The DC K stated I will need to guess if the oatmeal needs milk or thickener. She pureed the oatmeal and placed some thickener and milk into the oatmeal and turned on the puree equipment. She stated she was using her judgement if the oatmeal needed milk or thickener. The DC K also placed 10 blueberry muffins in the puree equipment and proceeded to puree and when she observed the consistency, she reviewed the recipe and she stated she would need to guess how much thickener and milk to place in the puree equipment due to not having the correct measuring cup/spoon to follow the recipe.</p> <p>Observation on 02/07/2025 at 7:00 AM, the Dietary Manager was also attempting to locate the puree oatmeal recipe and she was unable to locate it in her office or in the recipe manual.</p> <p>Interview on 02/07/2025 at 7:25 AM, DC K stated she did not follow the puree recipe for the eggs due to not having the correct measuring cup to measure the milk and the thickener. She stated she needed to review the oatmeal recipe to ensure she was certain exactly how to prepare the oatmeal. She stated if the puree eggs, puree oatmeal and/or puree muffins was not at the correct consistency there was a possibility the residents on puree diet would not receive the correct nutrition they needed. She stated she had been in serviced on how to puree food. She stated she had been a cook over a year.</p> <p>Interview on 02/07/2025 at 7:35 AM, the Dietary Manager stated DC K did not have the proper equipment such as a tablespoon to measure the correct portion of milk and food thickener. She stated DC K did not follow recipe for the eggs and muffin according to the recipe. The Dietary Manager stated the dietary department did not have a recipe for puree oatmeal and it was expected to have all recipes prepared for the residents in the recipe manual. She stated if a resident did not receive the correct consistency with puree food there was a possibility there may be lumps of food. She stated she did observe the puree food and there were no lumps, and it was the correct consistency.</p> <p>Interview on 02/06/2025 at 10:45 AM, the Administrator requested protocol of following recipes and preparing food policy or protocol. This was not provided at time of exit.</p> <p>Interview on 02/07/2025 at 1:45 PM, the Administrator stated the dietary staff was expected to have the correct equipment to measure thickener and milk to ensure the pureed food is prepared correctly. She stated she was not a nurse and could not determine what may happen to a resident if they did not receive the correct consistency of pureed food.</p> <p>Record review of the facility's Diets Offered by the Facility, not dated, reflected:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Harker Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Indian Oaks Dr Harker Heights, TX 76548	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility is committed to providing the best nutritional care possible to its residents. All residents will receive diets as ordered by the attending physicians. There are many different names for similar diets. Diet order terminology should be standardized to ensure that the correct diets are served. The facility embraces a high liberalized diet philosophy to support health and quality of life and promote food satisfaction levels with the residents.</p> <p>A policy for food palatability was requested from the ADM 02/07/25 at 01:24 PM, she stated there was not a specific policy related to food palatability.</p>		