

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 07/03/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents who were unable to carry-out activities of daily living received necessary services to maintain personal hygiene for three of four (Resident #1, Resident #2, and Resident #3) residents reviewed for ADL care. 1. The facility failed to shave the underside of Resident #1's chin hair that was approximately 1 cm in length.2. The facility failed to shave the underside of Resident #2's chin hair that was approximately 1 cm in length.3. The facility failed to shave the underside of Resident #3's chin hair that was approximately 1 cm in length.This deficient practice could place residents at risk of a decline in self-confidence, isolation, low self-esteem, general happiness, and satisfaction, and feeling undignified. 1.Review of Resident #1's face sheet dated 7/1/2025, reflected a [AGE] year-old female re-admitted to the facility on [DATE] with diagnoses including cerebrovascular disease (disrupted blood flow to brain), Type 2 Diabetes (body does not produce enough insulin) Bed Confinement Status (unable to leave bed without assistance), Hypertension (high blood pressure), Chronic Obstructive Pulmonary Disease (progressive lung disease making it hard to breathe). Review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS score of ten (10) which indicated cognition was moderately impaired. Section G reflected the resident required total assistance with ADL care. takeReview of Resident #1's care plan reflected she had an ADL Self Care Deficit with goals to maintain or improve her ability to participate in her care with ADLs. An intervention dated 2/7/2025 included, Resident prefers to keep her facial hair at times. Review of Resident #1's Task Profile dated 6/2/2025 thru 7/1/2025 for Personal Daily Hygiene - nail care, oral care, brushing/combing hair, shaving, washing face and hands, reflected the resident had not refused personal hygiene during that period. Observation and interview on 7/1/2025 at 11:31 AM with Resident #1 sitting in her wheelchair in dining room. The resident had facial hair along her chin that was approximately 1cm in length. When asked about her chin hair, the resident stated she wanted it trimmed, but she had not asked staff to assist her, and they had not offered. She was unable to recall the last time she was shaved and unable to explain why she wanted chin hair shaved.2.Review of Resident #2's face sheet dated 7/1/2025, reflected an [AGE] year-old female re-admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a progressive neurodegenerative disorder that gradually destroys memory and thinking skills), Dementia (decline in mental ability), and Cerebral Infarction (brain tissue dies from lack of blood supply). Review of Resident #2's quarterly MDS assessment dated [DATE], reflected a BIMS score of three (3) which indicated cognition was severely impaired. Section GG reflected the resident was dependent for assistance with personal hygiene. Review of Resident #2's care plan dated 6/10/2025 reflected she had an ADL Self Care Deficit related to cognitive impairment, weakness, and debility with goals to maintain or improve her ability to participate in her care with ADLs. An intervention dated 6/21/2024 included, Hygiene - 1 (one) person assist. The care plan did not specifically address shaving. Review of Resident #2's Task Profile dated 6/2/2025 thru 7/1/2025 for Personal Daily Hygiene - nail care, oral care, brushing/combing hair, shaving, washing face and hands, reflected the resident had not refused personal hygiene during that period. Observation and interview on 7/1/2025 at 11:42 AM with Resident #2 sitting in her wheelchair in dining room. The resident had facial hair along her chin that was approximately 1cm in length. When asked about her chin hair, she said, I want these whiskers trimmed. They do not do it and I do not ask. She was unable to recall the last time she was shaved.3.Review of Resident #3's face sheet dated 7/1/2025, reflected a [AGE] year-old female re-admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes (body does not produce enough insulin), Vascular Dementia (decline in thinking skills caused by damaged blood vessels and reduced blood flow to the brain), Atherosclerotic Heart Disease of Native Coronary Artery (plaque build-up narrows the coronary arteries). Review of Resident #3's quarterly MDS assessment dated [DATE], reflected a BIMS score of twelve (12) which indicated moderately impaired cognition. Section GG reflected the resident was dependent for assistance with personal hygiene. Review of Resident #3's care plan dated 6/20/2025 reflected she had an ADL Self Care Deficit related to CVA with goals to maintain or improve her ability to participate in her care with ADLs. An intervention dated 6/21/2024 included, Dressing and Grooming - 1 (one) person assist. The care plan did not specifically address shaving. Review of Resident #3's Task Profile dated 6/2/2025 thru 7/1/2025 for Personal Daily Hygiene - nail care, oral care, brushing/combing hair, shaving, washing face and hands, reflected the resident had not refused personal hygiene during that period. Observation and interview on 7/1/2025 at 12:30 PM with Resident #3 sitting at dining table. The resident had</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>Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for food labeling and storage in that: The facility failed to ensure the foods were labeled and dated in the kitchen refrigerator. This deficient practice could place residents at risk of foodborne illness. An observation on 7/02/2025 at 9:17 AM of the facility's only refrigerator revealed the following: - Salad greens in a metal container covered with clear, plastic wrap did not have a label containing the opened on and discard by dates. - Pasta noodles in a metal container covered with tinfoil did not have a label containing the opened on and discard by dates. - A yellow, non-opaque liquid, with chunks (like creamed corn) in a metal container covered with tinfoil did not have a label containing the opened on and discard by dates. During an interview on 7/02/2025 at 9:18 AM the DM stated, Those containers should have been labeled and dated and everyone was responsible for labeling and storage. During an interview on 7/3/2025 at 12:18 PM interim ADM-B, said his expectation was for staff to follow the policy and everything should have been labeled and dated. He said if items were not labeled the kitchen staff would not have known when food went bad, and they could have served spoiled food to the residents. Review of the U.S. Public Health Service Food Code, dated 2022, revealed:3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A)A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (2) Is in a container or PACKAGE that does not bear a date or day;</p>		