

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675956	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Duval		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Duval Rd Austin, TX 78727	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097</p> <p>Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 3 of 10 residents (Resident #61, Resident #84, and Resident #131) reviewed for rights.</p> <p>The facility failed to ensure CNA A and LVN B knocked on Resident #61's, Resident #84's, and Resident #131's door when going into the residents' rooms.</p> <p>The deficient practice could place residents at risk of feeling like their privacy was being invaded or the facility was not their home.</p> <p>Findings included:</p> <p>Review of Resident #61's Face Sheet dated 04/02/2025 revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #61's diagnoses included pneumonia (infection in the lungs), type 2 diabetes mellitus with diabetic peripheral angiopathy (damage to the blood vessels in the legs and feet due to diabetes), obstructive pulmonary disease (chronic progressive lung disease), muscle wasting, lack of coordination, dysphagia (difficulty swallowing), cognitive communication deficit (problems with communication), chronic kidney disease, hypertension (high blood pressure), hyperlipidemia (high cholesterol), and end stage renal disease (kidney failure).</p> <p>Record review of Resident #61's Quarterly MDS dated [DATE] revealed Resident #61 had a BIMS score of 11 indicating moderate impairment.</p> <p>Review of Resident #84's Face Sheet dated 04/02/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #84's diagnoses included type 2 diabetes mellitus without complications (high blood sugar), hypertensive heart disease with heart failure (damage to heart and heart failure due to chronic high blood pressure), low back pain, abnormalities of gait and mobility, muscle wasting, lack of coordination, chronic obstructive pulmonary disease (chronic progressive lung disease), anxiety (feeling of uneasiness or worry), heart failure, unsteadiness on feet, insomnia (difficulty sleeping) and malaise (feeling of general discomfort).</p> <p>Record review of Resident #84's Quarterly MDS dated [DATE] revealed Resident #84 had a BIMS score of 15 indicating intact cognitive response.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #131's Face Sheet dated 04/02/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #131's diagnoses included chronic pain, type 2 diabetes mellitus without complications (high blood sugar), hypertensive heart disease without heart failure (damage to heart due to chronic high blood pressure), lack of coordination, anxiety (feeling of uneasiness or worry), hyperthyroidism (excessive production of thyroid hormones), and epilepsy (seizure disorder).</p> <p>Record review of Resident #131's Quarterly MDS dated [DATE] revealed Resident #131 had a BIMS score of 0 indicating severe impairment.</p> <p>Observation of 700 hall on 03/31/2025 at 08:31 a.m., revealed CNA A did not knock on Resident #61's door before entering.</p> <p>Observation of 100 hall on 04/01/2025 at 8:52 a.m., revealed LVN B walked into Resident #84 and Resident #131's room without knocking.</p> <p>During an interview attempted with Resident #131 on 03/31/2025 at 9:31 a.m., revealed that she would not want to talk to the surveyor.</p> <p>During an interview with Resident #84 on 03/31/2025 at 2:55 p.m., she said that staff do not knock on her door. She said that she would like for staff to knock all the time. She said she gets upset when staff just walk into her room .</p> <p>During an interview with CNA A on 04/02/2025 at 12:37 p.m., she said that she had been trained on resident rights. She said the policy for knocking was that staff were supposed to knock, introduce themselves. She said staff were to knock anytime they wanted to enter a resident's room. She also said that it was important to knock on the resident's door because it was their right to have privacy. She said if staff do not knock it would be bad for the resident. She also said that staff needed to respect the resident and his/her privacy. She said that nurses monitor to ensure staff are knocking on the resident's doors by observation. She said she did not realize she did not knock on Resident #61's door.</p> <p>During an interview with LVN B on 04/02/2025 at 01:29 p.m., she said that she had been trained on resident rights. She said that staff were supposed to knock on all residents' doors before entering. She also said that it was the resident's right to refuse someone entry into their room. She said the only time staff did not need to knock was in an emergency. She said by staff not knocking the resident may not know what the staff want and get upset and think that the staff were not considerate of him or her. She said the whole staff monitored to ensure staff were knocking on the residents doors. She said that the staff would tell someone to make sure and knock if they saw them not knocking. She also said management does observations and remind staff to knock on the resident's door. She said that she did not knock on Resident #84 and Resident 131's door because she forgot, or the door was open. She said even if the door was open, she still should have knocked.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the DON on 04/02/2025 at 2:44 p.m., he said he and staff had been trained on resident rights. He said the policy was that staff were to knock on the door, introduce themselves, and wait for the resident to answer. He said that all staff were to always knock except in an emergency. He said that if staff did not knock the resident may get the impression that the staff are invading their privacy. He said that all management was responsible for monitoring to ensure staff are knocking. He said that management monitored to ensure staff were knocking by doing rounds. He said that he did not know why staff were not knocking. He said staff were trained and it would have been a shock if they were not knocking.</p> <p>During an interview with the ADM on 04/02/2025 at 03:56 p.m., he said that he and staff had been trained on resident rights and knocking on residents' doors. He said the policy was to knock on the door and wait for a response from the resident. he said all staff were supposed to knock before entering the resident's room. He said that it was important for staff to knock on the resident's door for their privacy. He said the resident may get startled or scare the resident. He said that all managers should be monitoring that staff are knocking on the door. She said management monitors it by observation. He said he did not know why staff were not knocking on resident's doors before entering.</p> <p>Record Review of Promoting/Maintaining Resident Dignity Policy dated 01/13/2023 revealed that All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. Maintain resident privacy.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50472</p> <p>Based on observation, interview, and record review the facility failed to revise the care plan for 1 of 10 (Resident #92) residents reviewed for care plans.</p> <p>The facility failed to update the care plan to reflect the use of bed rails as an assistive aid for Resident #92.</p> <p>This failure placed the resident at risk of losing mobility, becoming entrapped, and receiving improper care.</p> <p>Findings include:</p> <p>Resident #92</p> <p>Record review of Resident # 92's face sheet was a [AGE] year-old female admitted to the facility on [DATE] with pertinent diagnoses of unspecified dementia without behavioral disturbances (a degenerative brain disease that does not cause behavioral issues), Muscle wasting and atrophy (a generalized condition of muscle deterioration), unsteadiness on feet, and cognitive communication deficit (the inability to communicate effectively).</p> <p>Record review of Resident#92's MDS dated [DATE] indicated Resident #92 has a BIMS score of 13 which indicated cognition was intact and limited assistance to only supervision with activities of daily living.</p> <p>Record Review of Resident #92's care plan updated on 03/31/25 reveals, Resident #92 has an ADL self-care performance deficit r/t Confusion, Impaired balance. Interventions include.</p> <p>SIT TO LYING: supervision or touching assistance.</p> <p>LYING TO SITTING ON SIDE OF BED: supervision or touching assistance.</p> <p>SIT TO STAND: supervision or touching assistance.</p> <p>CHAIR/BED-TO-CHAIR TRANSFER: supervision or touching assistance.</p> <p>Care plan has no mention of assistive bed rails.</p> <p>Record Review indicates no bedrail assessment in the medical records.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and Interview with Resident #92 lying in bed on 04/01/25 at 01:45 PM with bed rails up. She stated that her bed is old, and the bed rails came with it. She likes the bed rails because they help her adjust her body in the bed. She stated that they do not hinder her ability to get out of bed. She stated that they do not make her feel restricted and that she could put them down if she wanted to. She demonstrated how she utilized the bed rails to get out of bed and walk over the bathroom.</p> <p>In an interview with RN E 04/02/25 at 11:06 AM she stated she was aware that Resident #92 had bedrails but was not aware that it was not on her care plan. She stated that when someone gets bed rails the DON had trained them to do a bedrail assessment. She stated that bed rails should be care planned and have doctor's orders. She stated that someone could use them inappropriately and cause her to lose mobility if they are not used in the proper way.</p> <p>Interview with the DON on 04/02/25 at 03:34 PM he stated that care plans ensure the best delivery of care. That the care plans should have your dietary needs, code status, any behaviors, ADL's and a plan for assistance with ADL's. The care plan was supposed to project the picture on how to provide the best care possible. He stated bedrails should be on there. He stated that they did a bed rail assessment for all resident's last month and he was surprised that Resident #92 was not identified as having a bed rail. He stated that he trained the nurses to do a physical devices assessment. He stated that the nurses, the care managers, or he would do the physical device assessment and update the care plans. He stated the facility would ensure they have proper consents for the side rails. If the side rails were not care planned and were used inappropriately, she could, theoretically, become trapped in her bed.</p> <p>Interview with ADMIN on 04/02/25 4:00 PM he stated that care plans are used to provide feedback to the facility and make sure the facility is meeting the resident's expectation. He stated that the expectation was for bed rails to be care planned if they are used as assistive devices. He stated they did an audit and was unsure why Resident #92 did not show up on the audits. He stated that she was completely ambulatory and was able to pull the bedrails up when she needed. He stated if she is using the bed rails, they should be in the care plan.</p> <p>Record review of Care Plan policy dated 10/24/22 states, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>e. Resident specific interventions that reflect the resident's needs and preferences.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one (Resident #461) of three residents reviewed for quality of care.</p> <p>The facility failed to respond to and assess Resident #461's malfunctioning beeping oxygen concentrator with a red-light indicating malfunction for approximately 45 minutes.</p> <p>This failure could place residents at risk of an oxygen delivery problem, not receiving necessary medical care, harm, and hospitalization .</p> <p>Findings included:</p> <p>Review of Resident #461's face sheet dated 04/01/24 reflected an [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's disease (a progressive neurodegenerative disorder primarily affecting movement, causing symptoms like tremors, slowness of movement, and stiffness, often due to a decline in dopamine-producing brain cells) and dementia.</p> <p>Review of Resident #461's admission MDS assessment, dated 03/26/24, reflected no BIMS score .</p> <p>Resident #461's care plan dated 03/18/25 reflected resident had a diagnosis of Parkinson's disease with an intervention dated 03/18/25 of give medications as ordered by the physician. Resident #461's care plan reflected he was followed by hospice with an intervention dated 03/06/25 keep the environment quiet and calm.</p> <p>Review of Resident #461's order dated 03/31/25 reflected resident may have oxygen for shortness of breath as needed.</p> <p>Observation on 03/31/25 at 8:47 am when walking down facility hallway 900 of hearing a loud beeping noise coming from room [ROOM NUMBER]. After entering the room surveyor observed the noise came from Resident #461's oxygen concentrator. The devise was operating, and surveyor observed Resident #461's nasal cannula (flexible tube with two prongs that are inserted into the nostrils to deliver supplemental oxygen or increased airflow to a patient in need of respiratory support) in place. A red light was lit on the concentrator. The concentrator was wrapped in plastic. Surveyor alerted nurse who was at the central nurses' station located at the end of the 900 hallway .</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 03/31/25 with LVN C at 8:49 am revealed when LVN C came into Resident #461's room after being alerted to the noise by the surveyor, LVN C confirmed that the concentrator was beeping, and a red light was on indicating the concentrator was not working. LVN C stated that Resident #461 was getting oxygen, but it was at a concentration level of 1 and the concentration level should have been at 2. LVN C said she was getting him another concentrator because, this one seems not to be working. LVN C removed the plastic that was wrapped around the concentrator and remarked that the concentrator was, superhot and it was overheating because the plastic wrapped around the vents of the concentration had not been removed before the concentrator was activated. LVN C said that when equipment was beeping and a red light was activated, it indicated that there was a problem with the equipment that needed to be addressed. LVN C said she did not hear the beeping and no staff informed her of the beeping sound coming from Resident #461's room LVN C unplugged the concentrator and said she would replace it.</p> <p>Interview on 03/31/25 with MA D at 8:55 am reflected she arrived on the 900 hallway at about 8:15 am but did not notice the beeping coming from Resident #461's room.</p> <p>Interview on 03/31/25 with Resident #27 at 9:00 am reflected the beeping sound from Resident #461's had been going on for about 45 minutes to an hour. Resident #27 said CNAs were walking up and down the hallway serving breakfast and the beeping sound continued from Resident #461's room and she did not hear anyone make any statements about alerting a nurse to figure out the noise in Resident #461's room. Resident #27's room was number 908. She stated she had been in her room and on the 900 hallway all morning.</p> <p>Review of Resident #27's MDS dated [DATE] reflected a BIMS score of 14 indicating intact cognition.</p> <p>Interview on 04/01/25 with the ADON at 7:54 am revealed that when there was a noise or beeping sound coming from a resident's room staff need to check it out quickly because there could be a problem with any equipment that might be in the room. It is not good quality of care to allow a beeping noise from a resident's room to continue and not respond, it should be addressed. When the ADON was told that plastic was observed wrapped about the oxygen concentrator in Resident #461's room, the ADON said the plastic should have been removed prior to the concentrator being operated and even if there was nothing wrong with the equipment, the beeping noise can be annoying to the resident.</p> <p>Interview on 04/02/25 with the DON at 3:22 pm reflected it would be a concern if there was beeping noise coming from a resident's room because it would suggest that something was not functioning with the equipment, and it needed to be looked at. The negative impact of not responding to beeping machinery would be that the resident would not receive the benefit of what the machinery was to provide.</p> <p>The ADM was requested to provide the facility quality of care policy and provided the facility Quality Assessment and Assurance Committee policy, not applicable to this citation. There is no facility policy for this citation.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50472</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the meals served reflected the nutritional needs of residents in accordance with established national guidelines for all residents when the facility failed to ensure menus were followed for all residents for 2 of 2 meals observed.</p> <p>The facility failed to follow the posted menus for two meal services served at the facility on Monday, 03/31/25 and Tuesday 04/01/25.</p> <p>These failures could place residents that eat food from the kitchen at risk of poor intake, chemical imbalance, and/or weight loss.</p> <p>Findings included:</p> <p>Observation of posted menus on 03/31/25 at 11:53 AM revealed menu items for lunch meal service to be chicken piccata, orzo, parmesan tomato half, wheat bread, baked peach slices, coffee or tea and garnish parsley sprig.</p> <p>Observation of lunch meal service on 03/31/25 at 12:35 PM revealed resident meal trays being served with two fried chicken patties, orzo, parmesan tomato half and a slice of bread.</p> <p>Observation of posted dinner menus on 04/01/25 at 4:11 pm revealed menu items for dinner to be maple glazed ham, sweet potatoes, season beans, wheat roll and apple cranberry crisp.</p> <p>Observation of dinner meal service on 04/01/25 at 5:35 PM revealed resident meal trays being served with plain ham, white potatoes covered in cheese, seasoned beans, a piece of wheat bread and apple cranberry crisp.</p> <p>In an interview on 04/01/25 at 2:15 pm with the FSS , he stated that he frequently changes the menu from the corporate company to accommodate the resident's needs. He stated he will post a daily menu and then initiate the individual menu item changes without updating the posted daily menu. He did not see the need to change the actual menu that was posted for the residents. He stated the residents do not complain about the changes. He stated he would have heard complaints from the residents because he is present on the floors for most meals. He stated that residents get bored of the meals because they are on a cycle. He stated it could cause potentially confusion to the residents if they read the menus but those who read the menus do not complain. The facility does approve the menu with the corporate company. They do not adjust the menus for the next menu cycle because it is impossible to tell exactly what his residents will like. He stated he goes to the resident council meetings to see what his resident's like but does not keep a record other than what is on their meal tray ticket likes and dislikes section.</p> <p>In an interview on 04/02/25 at 3:00 pm with the DON stated that the menus that are posted should have been accurate for what is served on the plate. It is the facility expectation that he follows the facility policy for substitutions.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/25 at 4:00 pm the ADM stated menus being followed was essential, so the resident was aware of the foods being offered. He stated all changes need to be signed off by the dietitian. He stated that flavor of the food is the biggest complaint, so they make changes. He stated that they should be adjusting the menus from the corporate company to the resident's needs and desires .</p> <p>Review of substitution log revealed that only one substitution had been documented on 03/31/25 which was white potatoes with cheese in place of sweet potatoes.</p> <p>Record review of substitution policy dated 05/10/2018 stated, The FSD and the nutrition consultant will ensure that documentation of the meals served, and substitutions made is maintained to ensure compliance with the menus as planned.</p> <p>1. The nutrition consultant will initial and date the substitution list and ensure that an approved copy is placed with the weekly menu.</p>		

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<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** 50472</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food prepared by methods that conserve nutritive value, flavor, and appearance.</p> <p>The meal test tray's on 03/31/2025, 04/01/2025, and 04/02/2025 were not at appropriate homelike meal temperature, had an unappetizing off-putting appearance (no seasoning observed, and food colliding together), not cooked well (overcooked), and lacked palatable seasoning including flavor.</p> <p>The facility failed to provide palatable food that was attractive or appetizing to residents' who complained the food did not look or taste good.</p> <p>This failure could place residents at risk of decreased food intake, hunger, unwanted weight loss, and diminished quality of life.</p> <p>Findings include:</p> <p>Record review of Resident #130's Face Sheet dated 04/02/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included Schizoaffective Disorder (mental health condition such as, mood disorders, hallucinations, and delusions), Bipolar (mental illness characterized by extreme mood swings), Traumatic Brain Injury With Loss of Consciousness (concussion), Muscle Weakness (lack of muscle strength), Intellectual Disabilities (neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning) , Epilepsy (brain condition that causes recurring seizures), and Heart Disease (conditions that affect the heart).</p> <p>Record review of Resident #130's quarterly Minimum Data Set, dated dated dated [DATE] reflected a Brief Interview for Mental Status Score of 05, which indicated cognitive severe impairment.</p> <p>Record review of Resident #130's Care Plan dated 01/25/2025 reflected Resident #130 requires supervision with eating and with setup assistance at times by 1 staff. Monitor Resident #130's change in eating patterns and habits.</p> <p>Record review of resident #68's Face Sheet dated 04/02/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included Cerebral Infarction (stroke that affects the blood flow to the brain), Muscle Wasting and Atrophy (loss of muscle mass and strength), Lack of Coordination (difficulty controlling voluntary muscle movements), Intellectual Disabilities (neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning), Respiratory Failure (condition that occurs when the lungs cannot remove all of the carbon dioxide the body produces), Anemia (condition in which you do not have enough healthy red blood cells or hemoglobin to carry adequate oxygen), and Depression (mood disorder, the individual experiences persistent symptoms of lower state of mind and mood, sadness, and a loss of interest in daily activities).</p> <p>Record review of resident #68's quarterly Minimum Data Set, dated dated dated [DATE] reflected a Brief Interview for Mental Status Score of 12, which indicated moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of resident #68's Care Plan dated 10/12/2024 reflected Resident #68 requires supervision during eating and with setup assistance. Monitor Resident #68's change in eating patterns.</p> <p>Record review of resident #30's Face Sheet dated 04/02/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included Cerebrovascular Disease (a group of disorders that affect blood flow to the brain), Major Depressive Disorder (individual experiences extensive symptoms of lower state of mind and mood, sadness, and a loss of interest in daily activities), Lack of Coordination (difficulty controlling voluntary muscle movements), Muscle Wasting and Atrophy (loss of muscle mass and strength), Epilepsy (brain condition that causes recurring seizures), and Cerebral Infarction (stroke that affects the blood flow to the brain).</p> <p>Record review of resident #30's quarterly Minimum Data Set, dated dated [DATE] reflected a Brief Interview for Mental Status Score of 15, which indicated intact cognitive response.</p> <p>Record review of resident #30's Care Plan dated 01/19/2025 reflected Resident #30 can feed self with supervision to limited assist and setup by staff.</p> <p>In an interview on 03/31/2025 at 7:48 AM conducted with FSS , he stated staff make the sauce and residents do not like the sauce. FSS stated he posted chicken picata on the menu for today and then served chicken tenders. Food Service Supervisor stated anyone who comes to him with a complaint put it on the grievances. Food Service Supervisor stated the plate warmers work and the food goes out hot. FSS stated the plate warmers should hold temperature for 20 minutes, but the kitchen relies on Nursing staff to pass the trays out when leaving the kitchen.</p> <p>In an interview on 03/31/2025 at 9:54 AM conducted with Resident #130, he stated the following: He receives meals and drinks, but the meal at this facility is not what he wants, and it is not good. The food is cold. The food alternatives are all right, but not things he really wants.</p> <p>In an interview on 03/31/2025 at 10:49 AM conducted with Resident #68, he stated he receives meals and drinks, but the staff are stingy on the coffee. Resident #68 stated the food has not been good during each mealtime and dislikes the quality.</p> <p>In an interview on 03/31/2025 at 10:50 AM conducted with Resident #30, he stated the following: he receives his meals and drinks at the facility, but the food is not the best. Resident #30 feels they must eat what they get, and the food is not great overall.</p> <p>Observation on 03/31/25 at 12:15 PM revealed a plate of food with two fried chicken patties, a scoop of orzo that was hardened around the edges, and a tomato slice with melted cheese. The orzo was flavorless and was hard to chew. The tomato with cheese was bland. Additional observation revealed a puree plate with all the items running together. It contained chicken, green beans, bread, and orzo. The chicken was thick and flavorless, and the orzo was tacky and hard to swallow.</p> <p>In an observation on 03/31/2025 at 1:08 PM of Resident #14 during mealtime, it was observed there were snacks and extra food provided that was not on meal ticket.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident Council notes/ Grievances were conducted, there were consistent notes of complaints in terms of the food within the last 3 months. January 2025 stated, Too much spaghetti and pasta, dislikes the milk and orange juice being served, no more eggs and want potatoes, and resident is lactose intolerant and still receives dairy products. February 2025 stated, resident requesting Dietary to change the breakfast. March 2025 stated, resident doesn't get the correct diet, resident who don't want pork still gets pork, resident receiving cold cereal and not hot cereal, and resident's not receiving food that's been requested.</p> <p>In a confidential residential meeting on 04/01/2025 at 2:00 PM, the majority of 7 of 7 residents in the meeting stated the following: lunch and dinner are late. The kitchen changes up what is on the menu sometimes if kitchen staff make something from scratch, or it will take them a longer time. The food quality depends on the day and what it is they are serving that will determine if its good or not. Residents think the food brands are not the best and effects the quality of taste. Residents have made recommendations at times, but there have been times staff will say that is not their job if they do not work directly in the kitchen. Residents have issues with food on the menu not matching. The food served is too cold. Sometimes the food will sit out in the halls for 10 to 15 minutes in which the food will be cold or slightly warm, not hot given the facility have 4 different dining rooms and residents who eat in their rooms. The residents stated it makes them feel frustrated or at times they do not want to eat. Residents understand food is expensive, but they have not seen grapes or other fruit and vegetables that are fresh.</p> <p>Observation on 04/01/25 at 5:10 PM revealed a plate of beans, ham, and potatoes with cheese on top. The ham was hardened on the edges, the beans were not served separately and were colliding with the other items on the plate. The potatoes had very little cheese and did not taste of any other seasoning added.</p> <p>Observation on 04/02/25 at 12:45 PM revealed a plate of pulled pork, hot potato salad and broccoli. The vinegar taste from the hot potato salad had transferred to the broccoli and the broccoli was overcooked and mushy.</p> <p>In an interview on 04/02/2025 at 1:00 PM conducted with CNA G, she stated the following: The policy for resident rights when it comes to food is to read the meal ticket, and diet. Residents can have food within their assigned diet and right to refuse food. The hall tray process is, a Nurse checks meal tickets and CNA G double check meal trays and give it to residents while sanitizing in between. Staff are supposed to pass out meal trays to residents as soon as possible, a team of staff helps, so it can be handed out warm to residents. Staff make sure resident's meals are at appropriate temperatures when receiving meals, they do not check with a thermometer and just feel the plate to see if it is warm. If the resident does not like the meal provided, alternative is offered. If residents are served food that is not in their diet or non-preferred, staff make sure that the resident gets the right food and alternative or speak with staff in the kitchen to fix it. If a resident does not like the food and does not eat it, staff will offer milkshakes. The resident could potentially lose weight nor gain nutrients . The Dietician oversees making sure residents are satisfied with their meals. Staff will try to help encourage residents to eat the food, but it can affect the residents quality of life if they are not receiving good food for them to be well fed.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 1:10 PM conducted with FSS, he stated the following: he was aware of the food arriving cold, and when people complained he would be out in the hallways ensuring the staff was passing out trays in a timely manner. FSS stated that the food will stay warm for 20 minutes when it leaves the kitchen. FSS stated when he gets a grievance, he goes over the grievance with the Nursing staff and the individual. FSS stated that he does not go to the corporate Dietitian to change the menus. The corporate Dietician set the menus for 6 months in advanced. Food Service Supervisor stated that the residents consistently complain about the menu. FSS stated that he does taste test the food but any issues with the food is because the menus are bland. FSS stated he does add cranberry juice to the bread to give it more flavor. FSS stated he posts the big menus and makes the posted daily menu's match the corporate menus. FSS stated he makes substitutions on the daily menu because of resident preferences. FSS stated he does not have proof that there were resident preferences for removing menu items.</p> <p>In an interview on 04/02/2025 at 1:30 PM conducted with RN F, she stated the following: The policy for resident rights when it comes to food, is staff can provide alternatives or residents have the right to say no, but staff try to encourage residents to eat. The hall tray process is, the food comes out of the kitchen and goes to dining room or resident's bedrooms, Nurses check diets and food, when it is ready to serve the Certified Nurse Aide check then serve the food to residents. Staff sanitize in between providing meal trays. Staff are supposed to pass out trays to residents, it is usually quick, and staff try not waste time, so residents can get warm food. Staff make sure resident's meals are at appropriate temperatures when receiving meals, staff can feel if the food is warm by the touch of the hand on meal plate. If a resident does not like the meal provided, alternatives or preferred snacks are offered. The steps made if a resident is served food that is not in their diet or non-preferred is, they take the food to the kitchen and notify the kitchen staff, so it can be corrected. If a resident does not like the food and does not eat it, staff attempt to encourage the resident to eat food or offer shakes, it can affect the resident's weight and they will let the Nurse Practitioner and Dietician know, so that way they can make meal adjustments. The kitchen staff and FSS oversees making sure residents are satisfied with their meals. It can affect the resident's quality of life if the resident does not eat such as, make the resident weaker, have no energy, and lose nutrients.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 2:45 PM conducted with DON, he stated the following: The policy for resident rights when it comes to food, refers to Dietitian Manager, make sure diet is followed, make sure the food is provided to the resident timely, and right to refuse food. The hall tray process is, released from the kitchen to the dining room and hall, the nursing staff check the diets. If a resident complains about the food, they will provide an alternative and tell the Dietician. If the food does not taste good per the resident, they will inform the Dietary Manager and visit with the resident to meet their needs. Staff sanitize in between providing meal trays. Staff are supposed to pass out trays to residents, he does not have a specific timeframe but as fast as possible. Staff make sure resident's meals are at appropriate temperatures when receiving meals, the residents will let them know and they can warm up the food for the residents in a microwave for whoever may need it warmer, and for a resident who is non-verbal, the staff observe the resident's facial expressions or ask if it's hot or cold to see if a resident gives them behavioral cues to let staff know. If a resident does not like the meal provided, alternatives or preferred food are offered. The facility has a big budget when it comes to food. They try to accommodate resident preferences. They can transport residents to get certain food from a store. What steps are made if a resident is served food that is not in their diet or non-preferred, they make reasonable offers or they will review the diet. If a resident does not like the food and does not eat it, staff attempt to encourage resident to eat food or provide medication from a Physician to see if that will help with food intake and assist with maintaining residents' weights. The Administrator, Director of Nursing, and Food Service Supervisor as well as all staff oversees making sure residents are satisfied with their meals. It can affect the resident's quality of life in term of their weight.</p> <p>In an interview on 4/02/2025 at 4:05 PM conducted with the ADM he stated menus should match what is on the plate. Administrator stated staff should keep track of meals matching the menu. Administrator stated his expectation if staff are not presenting options, is for them to present options, and try to address that situation. Administrator stated the facility make sure the menu meets the nutritional value for residents and they can tweak the menu. Administrator stated he is responsible for the kitchen staff, and everyone has an individual diet including individual palette. Administrator stated negative outcomes is bad food coming out of the kitchen, and flavor of the food is the number one complaint at the facility.</p> <p>Record review of Meal Service and Nursing Responsibilities policy revised on 11/2007 stated:</p> <p>Policy: It is the policy of this facility that Nursing Services will cooperate with the Dietary Department to ensure that each resident is served according to regulations.</p> <p>Purpose: To insure accurate and safe meal service.</p> <p>Procedures: Trays will be passed in a timely manner. Food must remain covered while being distributed through the hallways and tray cards should remain with trays throughout meal service (unless there is a dual card system). Offer substitute food of equal nutritive value to a resident if the resident refuses a menu item.</p> <p>Record review of Meal Services and Between Meal Feedings policy revised on 05/2007 stated:</p> <p>Policy: It is the policy for this facility that the Nursing Department is responsible for ensuring that the residents receive their meals and nourishments.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Purpose: To ensure that residents receive meals and nourishments in a timely, courteous, and helpful manner.</p> <p>Procedures: 1. The Nursing Department is responsible for the delivery of food and ensuring that all efforts are made to assist residents during meal and nourishment times. 2. Specific mealtime responsibilities are: The deliver of food/meal trays to the residents in a timely manner. Encourage residents to eat all the food they were served. Order equivalent substitutes for food if less than 75% is accepted (check the daily menu for pre-planned vegetables and entree substitutes). Review tray identification cards for special needs.</p> <p>51115</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food prepared by methods that conserve nutritive value, flavor, and appearance.</p> <p>The meal test tray's on 03/31/2025, 04/01/2025, and 04/02/2025 were not at appropriate homelike meal temperature, had an unappetizing off-putting appearance (no seasoning observed, and food colliding together), not cooked well (overcooked), and lacked palatable seasoning including flavor.</p> <p>The facility failed to provide palatable food that was attractive or appetizing to residents' who complained the food did not look or taste good.</p> <p>This failure could place residents at risk of decreased food intake, hunger, unwanted weight loss, and diminished quality of life.</p> <p>Findings include:</p> <p>Record review of Resident #130's Face Sheet dated 04/02/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included Schizoaffective Disorder (mental health condition such as, mood disorders, hallucinations, and delusions), Bipolar (mental illness characterized by extreme mood swings), Traumatic Brain Injury With Loss of Consciousness (concussion), Muscle Weakness (lack of muscle strength), Intellectual Disabilities (neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning) , Epilepsy (brain condition that causes recurring seizures), and Heart Disease (conditions that affect the heart).</p> <p>Record review of Resident #130's quarterly Minimum Data Set, dated dated [DATE] reflected a Brief Interview for Mental Status Score of 05, which indicated cognitive severe impairment.</p> <p>Record review of Resident #130's Care Plan dated 01/25/2025 reflected Resident #130 requires supervision with eating and with setup assistance at times by 1 staff. Monitor Resident #130's change in eating patterns and habits.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 1:00 PM conducted with CNA G, she stated the following: The policy for resident rights when it comes to food is to read the meal ticket, and diet. Residents can have food within their assigned diet and right to refuse food. The hall tray process is, a Nurse checks meal tickets and CNA G double check meal trays and give it to residents while sanitizing in between. Staff are supposed to pass out meal trays to residents as soon as possible, a team of staff helps, so it can be handed out warm to residents. Staff make sure resident's meals are at appropriate temperatures when receiving meals, they do not check with a thermometer and just feel the plate to see if it is warm. If the resident does not like the meal provided, alternative is offered. If residents are served food that is not in their diet or non-preferred, staff make sure that the resident gets the right food and alternative or speak with staff in the kitchen to fix it. If a resident does not like the food and does not eat it, staff will offer milkshakes. The resident could potentially lose weight nor gain nutrients. The Dietician oversees making sure residents are satisfied with their meals. Staff will try to help encourage residents to eat the food, but it can affect the residents quality of life if they are not receiving good food for them to be well fed.</p> <p>In an interview on 04/02/2025 at 1:10 PM conducted with FSS, he stated the following: he was aware of the food arriving cold, and when people complained he would be out in the hallways ensuring the staff was passing out trays in a timely manner. FSS stated that the food will stay warm for 20 minutes when it leaves the kitchen. FSS stated when he gets a grievance, he goes over the grievance with the Nursing staff and the individual. FSS stated that he does not go to the corporate Dietitian to change the menus. The corporate Dietician set the menus for 6 months in advanced. Food Service Supervisor stated that the residents consistently complain about the menu. FSS stated that he does taste test the food but any issues with the food is because the menus are bland. FSS stated he does add cranberry juice to the bread to give it more flavor. FSS stated he posts the big menus and makes the posted daily menu's match the corporate menus. FSS stated he makes substitutions on the daily menu because of resident preferences. FSS stated he does not have proof that there were resident preferences for removing menu items.</p> <p>In an interview on 04/02/2025 at 1:30 PM conducted with RN F, she stated the following: The policy for resident rights when it comes to food, is staff can provide alternatives or residents have the right to say no, but staff try to encourage residents to eat. The hall tray process is, the food comes out of the kitchen and goes to dining room or resident's bedrooms, Nurses check diets and food, when it is ready to serve the Certified Nurse Aide check then serve the food to residents. Staff sanitize in between providing meal trays. Staff are supposed to pass out trays to residents, it is usually quick, and staff try not waste time, so residents can get warm food. Staff make sure resident's meals are at appropriate temperatures when receiving meals, staff can feel if the food is warm by the touch of the hand on meal plate. If a resident does not like the meal provided, alternatives or preferred snacks are offered. The steps made if a resident is served food that is not in their diet or non-preferred is, they take the food to the kitchen and notify the kitchen staff, so it can be corrected. If a resident does not like the food and does not eat it, staff attempt to encourage the resident to eat food or offer shakes, it can affect the resident's weight and they will let the Nurse Practitioner and Dietician know, so that way they can make meal adjustments. The kitchen staff and FSS oversees making sure residents are satisfied with their meals. It can affect the resident's quality of life if the resident does not eat such as, make the resident weaker, have no energy, and lose nutrients.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675956	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 2:45 PM conducted with DON, he stated the following: The policy for resident rights when it comes to food, refers to Dietitian Manager, make sure diet is followed, make sure the food is provided to the resident timely, and right to refuse food. The hall tray process is, released from the kitchen to the dining room and hall, the nursing staff check the diets. If a resident complains about the food, they will provide an alternative and tell the Dietician. If the food does not taste good per the resident, they will inform the Dietary Manager and visit with the resident to meet their needs. Staff sanitize in between providing meal trays. Staff are supposed to pass out trays to residents, he does not have a specific timeframe but as fast as possible. Staff make sure resident's meals are at appropriate temperatures when receiving meals, the residents will let them know and they can warm up the food for the residents in a microwave for whoever may need it warmer, and for a resident who is non-verbal, the staff observe the resident's facial expressions or ask if it's hot or cold to see if a resident gives them behavioral cues to let staff know. If a resident does not like the meal provided, alternatives or preferred food are offered. The facility has a big budget when it comes to food. They try to accommodate resident preferences. They can transport residents to get certain food from a store. What steps are made if a resident is served food that is not in their diet or non-preferred, they make reasonable offers or they will review the diet. If a resident does not like the food and does not eat it, staff attempt to encourage resident to eat food or provide medication from a Physician to see if that will help with food intake and assist with maintaining residents' weights. The Administrator, Director of Nursing, and Food Service Supervisor as well as all staff oversees making sure residents are satisfied with their meals. It can affect the resident's quality of life in term of their weight.</p> <p>In an interview on 4/02/2025 at 4:05 PM conducted with the ADM he stated menus should match what is on the plate. Administrator stated staff should keep track of meals matching the menu. Administrator stated his expectation if staff are not presenting options, is for them to present options, and try to address that situation. Administrator stated the facility make sure the menu meets the nutritional value for residents and they can tweak the menu. Administrator stated he is responsible for the kitchen staff, and everyone has an individual diet including individual palette. Administrator stated negative outcomes is bad food coming out of the kitchen, and flavor of the food is the number one complaint at the facility.</p> <p>Record r</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50472</p> <p>Based on observation, 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 sanitation.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure DA I ate food outside of the kitchen production area. 2. The facility failed to ensure the dishwasher's hot water was at the appropriate temperature. 3. The facility failed to ensure areas behind the oven and stove were clean. 4. The facility failed to ensure shelves were functional and did not require additional supports for the shelves to stay upright. 5. The facility failed to ensure the items in the walk-in fridge were free from liquid from other food products. 6. The facility failed to ensure the floors in the kitchen, walk-in fridge, and storage room were swept clean and free of trash. 7. The facility failed to keep the microwave clean. <p>These failures could place residents who were served from the kitchen at risk for consuming hazardous expired food and developing foodborne illnesses.</p> <p>Findings Included:</p> <p>Observation on [DATE] at 7:15 am in the dry storage pantry revealed unknown food items on the ground out of packages.</p> <p>Observation on [DATE] at 7:15 am in the walk-in fridge revealed dust and dirt on the ground along with plastic bags and scraps of cardboard.</p> <p>Observation on [DATE] at 7:15 am revealed a box labeled Butcher Box Pork with a red liquid on top.</p> <p>Observation on [DATE] at 7:18 am revealed the microwave with red splatters on the interior walls.</p> <p>Observation on [DATE] at 7:18 am revealed 3 shelving units in the walk-in fridge with rust over the entire surface and wood blocks supporting the shelves to keep them level.</p> <p>Observation on [DATE] at 7:19 am revealed food and cooking oil debris on the floor, behind the stove and ovens, and on the gas, lines leading to the equipment.</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 - Some</p>	<p>Observation on [DATE] at 7:30 am revealed the dishwasher reaching a final temperature of 112 degrees Fahrenheit throughout the entire cycle.</p> <p>During an interview on [DATE] at 7:45 am DA J stated that she was not sure how to do the time and temperature checks on the machine . She stated she does not normally run the dishwasher. She stated she saw the dishes needed to be done so she jumped in a started washing dishes.</p> <p>Observation on [DATE] at 5:15 pm revealed DA I standing in the doorway between the dishwashing room and the production area eating a cucumber while watching the staff serve dinner.</p> <p>During an interview on [DATE] at 11:45 am CK K revealed that the shelves in the pantry had been broken for a while and that she did not know when they were going to be replaced. She stated that the dirty floors should have been cleaned by the dishwasher or night shift from the previous day. She stated she did not see the red liquid, but a cook should have thrown that out. She stated she was trained on kitchen cleaning procedures when she was hired and the FSS has a cleaning schedule for everyone.</p> <p>During an interview on [DATE] at 2:15 pm with the FSS revealed that he was not sure why they did not replace the shelves. He stated it was an old building and old equipment. He stated they have been replacing equipment slowly but had not replaced the shelves yet. He stated his cooks should have removed the contaminated box and labeled and dated the content and put it in a pan. He stated that it was hard to clean behind the ovens because maintenance must help them unplug the machines. He stated he has a cleaning schedule and they deep clean once a month and last time they cleaned behind the machines was when they received the new equipment months ago. The expectation was that staff clean the floors and the workstations after their shift and to adhere to the cleaning schedule even when he is not on shift. He stated his employees were to eat off the clock in the employee breakroom and not in the kitchen. If the food were not prepared properly the residents could get sick.</p> <p>During an interview on [DATE] at 3:05 pm with the DON he stated that he refers to the dietary manager to follow all food regulations and that he expected the FSS to enforce all food safety and sanitation regulations.</p> <p>During an interview on [DATE] at 4:00 pm with the ADM he stated that he expects the FSS to ensure the employees are following all policies and regulations. He stated the FSS is responsible for the kitchen at all times and all shifts.</p> <p>Record review of facility policy entitled Dietary, Sanitation revised ,d+[DATE] revealed.</p> <p>It is the policy of this facility that the food service area shall be maintained in a clean and sanitary manner.</p> <ol style="list-style-type: none"> 1. All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter. 2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37435</p> <p>Based on observation, interview and record review the facility failed to establish and 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 3 of 7 residents (Resident #114, Resident #460, and Resident #461) reviewed for infection control.</p> <ol style="list-style-type: none"> The facility failed to ensure the TN H sanitized her hands and changed gloves prior to applying wound treatment and clean dressing to Resident #114's left heel wound. The facility failed to post Enhanced Barrier Protection signage on Resident #460 and Resident #461's doors when they admitted to the facility with a wound and a suprapubic catheter. The facility failed to ensure Enhanced Barrier Protection was worn when providing resident care for Resident #461's suprapubic catheter. <p>These failures could place residents at risk of transmission of disease and infection.</p> <p>Findings included:</p> <p>Record review of Resident #114's undated face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #114 had diagnoses which included dementia, dysphagia (difficulty swallowing), repeated falls, diabetes mellitus type 2, metabolic encephalopathy, and history of venous thrombosis and embolism (blood clots).</p> <p>Record review of Resident #114's Quarterly MDS dated [DATE] reflected Resident #114 needed the assistance of two or more helpers for her activities of daily living and used a mechanical lift with two people assisting for transfers, and a wheelchair for mobility. She had one unstageable deep tissue pressure injury to her left heel.</p> <p>Record review of Resident #114's Care Plan, last revised on 02/07/25, reflected a focus on an alteration in skin integrity related to the presence of an unstageable pressure ulcer/injury to her left heel. The goals were for Resident #114 to remain free from additional pressure ulcers/injuries and for the current pressure ulcer/injury to show signs of healing as evidenced by a decrease in size/measurements, and to remain free from signs and symptoms of complications such as infections. Interventions included applying treatment as ordered, and assessing for complications, including signs and symptoms of infection.</p> <p>Review of Resident #460's face sheet dated 04/01/25 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including encephalopathy (affects the brain's function, leading to changes in mental state and cognitive abilities), bipolar disorder (treatable mental disorder marked by extreme changes in mood, thought, energy and behavior) and chronic kidney disease, stage 3.</p> <p>Review of Resident #460's admission MDS assessment, dated 03/27/25, reflected no BIMS score .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #460's care plan initialed on 03/27/25 and revised on 03/31/25 reflected she had a stage 3 pressure ulcer (involves full-thickness skin loss, exposing subcutaneous fat, but not bone, tendon, or muscle) on her buttocks and an unstageable pressure ulcer (a full-thickness skin and tissue loss where the true depth of the ulcer is obscured by slough (yellow, tan, gray, green, or brown) or eschar (tan, brown, or black) in the wound bed, making it impossible to determine the stage) on her lower extremity.</p> <p>Review of Resident #460's order dated 03/31/25 reflected use gown and gloves for high contact resident care activities for those with known to be colonized or infected with a CDC (Centers for Disease Control) targeted MDRO (multidrug-resistant organism) as well as those with increased risk of MDR (Multidrug-resistant), residents with wounds or indwelling medical devices.</p> <p>Review of Resident #461's face sheet dated 04/01/25 reflected an [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's disease (a progressive neurodegenerative disorder primarily affecting movement, causing symptoms like tremors, slowness of movement, and stiffness, often due to a decline in dopamine-producing brain cells) and dementia.</p> <p>Review of Resident #461's admission MDS assessment, dated 03/26/25, reflected no BIMS score .</p> <p>Resident 461#'s care plan dated 03/18/25 reflected resident had a diagnosis of Parkinson's disease with an intervention dated 03/18/25 of give medications as ordered by the physician. Resident #461's care plan reflected he was followed by hospice with an intervention dated 03/06/25 keep the environment quiet and calm. Resident #461 care plan revised on 03/19/25 reflected he had a suprapubic catheter (a thin, flexible tube inserted into the bladder through a small incision in the lower abdomen (pubic area) to drain urine) related to neurogenic bladder (a condition where the nerves that control bladder function are damaged, leading to abnormal bladder control).</p> <p>Review of Resident #461 order dated 03/31/25 reflected use gown and gloves for high contact resident care activities for those with known to be colonized or infected with a CDC (Centers for Disease Control) targeted MDRO (multidrug-resistant organism) as well as those with increased risk of MDR (Multidrug-resistant), residents with wounds or indwelling medical devices.</p> <p>Observation on 03/31/25 at 11:45 AM was conducted of wound care for Resident #114 with the TN H. Resident #114's wound was documented in physicians' orders as pressure wound located the left heel. The TN H did not change gloves or conduct hand hygiene after cleansing Resident #114's left heel wound and before applying wound treatment and clean dressing.</p> <p>Interview on 03/31/25 at 12:15 PM with the TN H revealed she did not change her gloves or conduct hand hygiene after cleansing the wound and before applying wound treatment and clean dressing. The TN H further stated she should have conducted handwashing and glove change after cleaning the wound. She stated not conducting hand hygiene and a glove change after cleaning a wound could lead to cross contamination to the resident. She stated she had received training on hand hygiene during wound care, but do not remember when.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/02/25 at 02:43 PM with the DON revealed he had worked in the facility for [AGE] years. He stated the policy for conducting hand hygiene during wound care included preparing the field, hand hygiene, donning gloves and gown, removing the old dressing, and when going from cleaning wound to applying clean dressing do hand hygiene and change gloves. The DON stated he was responsible for ensuring staff are conducting hand hygiene when providing resident care, and their IP program mandated hand hygiene training every month for 10 staff. Not conducting hand hygiene and changing gloves during wound care had the potential of nursing care being provided with unclean hands, and the possibility of spreading microorganisms to the resident.</p> <p>Interview on 04/02/25 at 03:53 PM with the ADM revealed he had been with the facility for [AGE] years. He stated the policy for conducting hand hygiene during wound care was all staff were responsible for conducting hand hygiene before and after providing care to a resident, and to conduct hand hygiene during care when going from contaminated to clean areas. The ADM stated the DON, himself, and all Infection Preventionists were responsible for ensuring all staff were conducting hand hygiene when providing resident care. The ADM further stated all staff were to follow all universal precautions when providing resident care, and not doing so could put the residents at risk of infections and negative outcomes.</p> <p>A review of the CDC Long Term Care Facilities reflected when implementing Contact Precautions or Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:</p> <p>Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g. gown and gloves)</p> <p>For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves.</p> <p>Review of Enhanced Barrier Precautions, signage observed at the facility posted on the doors of other resident rooms, not posted on Residents #460 and #461's doors reflected:</p> <p>Enhanced Barrier Precautions:</p> <p>Providers and staff must:</p> <p>wear gloves and a gown for the following High-Contact Resident Care Activities. Do not wear the same gown and gloves for the care of more than one person.</p> <p>Providers and staff must also: Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy Wound Care: any skin opening requiring a dressing.</p> <p>Observation on 03/31/25 at 9:48 am of the door of Resident #460's room, #806, reflected no EBP signage.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 03/31/25 of LVN C at 10:41 am who exited Resident #461's room with no gown. When asked if the LVN C provided resident care, she said yes, she provided care for resident's suprapubic catheter. LVN C was observed not wearing a PPE (personal protective equipment) gown and there was no enhanced barrier precaution sign on Resident #461's door informing staff providing care for high-contact resident care activities of device care or use of urinary catheter must wear gloves and a gown.</p> <p>Interview on 04/01/25 with LVN C at 8:29 am reflected she performed suprapubic catheter care for Resident #461 on 03/31/25 of at 10:41 am and did not wear a gown and the resident did not have the facility required EBP signage on his door. LVN C stated that the EBP requirements involved wearing a gown when resident care was provided for a suprapubic catheter for infection control reasons. LVN C said that if staff did not wear the barrier controls of the gown required for EBP residents when providing resident care, residents could get an infection and become sick.</p> <p>Interview on 04/01/25 with the ADON at 7:45 am reflected nurses needed to wear a gown when attending to a resident's suprapubic catheter and for wound care. When a resident admits to the facility with a wound or a suprapubic catheter EBP signage should be immediately posted on the resident's door to notify staff of the necessary infection control precautions needed when providing care for that resident. The EBP PPE is necessary to protect the resident from infection.</p> <p>Interview on 04/01/25 with ICS at 3:36 pm revealed if a resident had wounds and if a resident had an indwelling medical device, a suprapubic catheter, EBP would be required when caring for these residents. EBP signage should be posted on every resident's door as soon as they are admitted to the facility if the resident requires EBP. The EBP signage informs the staff of the infection control needs of the resident and that they need to wear PPE when providing resident care. Residents #460 and #461 should both have had EBP signs on their doors as soon as they were admitted to the facility and LVN C should have worn a gown when she provided care to Resident #461 for his suprapubic catheter. LVN C said the negative effect of not having the EBP signage in place as soon as the residents are admitted is that staff are not informed about the infection needs of the resident and they might assist the resident without the proper EBP, and residents could become infected. LVN C said that a possible negative effect of LVN C not wearing a gown when providing care involving Resident #461's suprapubic catheter is that the resident could get an infection because the proper EBP PPE was not worn.</p> <p>Interview on 04/02/25 with the DON at 3:22 pm reflected Residents #460 and #461 should have had EBP signage posted on their doors as soon as they admitted to the facility and the nurse providing suprapubic catheter care for Resident #461 should have worn the proper PPE. If you do not have the EBP signage posted on resident doors for residents who required EBP's staff providing care could expose residents to infection and if staff are not wearing the appropriate PPE, staff could expose residents to infection. The DON said staff was trained in EBP and infection control procedures, including posting proper EBP signage and wearing PPE to reduce the potential for the spread of infection.</p> <p>Review of Policy & Procedure on Hand Hygiene dated January 2018 reflected:</p> <p>This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <ul style="list-style-type: none"> h. Before moving from a contaminated body site to a clean body site during resident care. j. After contact with blood or bodily fluids k. After handling used dressings, contaminated equipment. <p>Review of Policy & Procedure on Infection Prevention and Control Program dated 05/13/23 reflected: This facility has established and maintains 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 as per accepted national standards and guidelines.</p> <p>Policy Explanation and Compliance Guidelines:</p> <ul style="list-style-type: none"> 2. All staff are responsible for following all policies and procedures related to the program. 4. Standard Precautions: <ul style="list-style-type: none"> a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during providing resident care services. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. <p>Review of facility Enhanced Barrier Precautions policy dated 04/05/24 reflected it is the policy of the facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Definitions:</p> <p>Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions.</p> <p>All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Duval		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Duval Rd Austin, TX 78727	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO (multidrug-resistant organisms).</p> <p>Implementation of Enhanced Barrier Precautions:</p> <p>Make gowns and gloves available immediately near or outside of the resident's room.</p> <p>PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.</p> <p>High-contact resident care activities include.</p> <ul style="list-style-type: none"> a. Dressing b. Bathing c. Transferring d. Providing hygiene. e. Changing linens. f. Changing briefs or assisting with toileting. g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes. h. Wound care: any skin opening requiring a dressing .

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097</p> <p>Based on observation, interview and record review the facility failed to ensure each resident's bedside, toilet and bathing facilities were adequately equipped to allow all residents to call for staff assistance through a communication system that would relay the call directly to a staff member or a centralized staff work area for 3 of 10 residents (Resident #13, Resident #34, and Resident #124) reviewed for resident call system .</p> <p>The facility failed to provide a working communication system, which was easily at reach, which would allow Resident #13, Resident #34, and Resident #124 the ability to safely call for staff for assistance.</p> <p>This failure could place residents at risk of not having a means of directly contacting caregivers in an emergency or when they needed support for daily living.</p> <p>Findings include:</p> <p>Record review of Resident #13's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE].</p> <p>Resident #13 had diagnoses which included a cerebral infarction (a stroke), vascular dementia (brain damage caused by multiple strokes), need for assistance with personal care, unsteadiness on feet, major depressive disorder, anxiety (feeling of uneasiness or worry), personal history of benign neoplasm of the brain (brain cancer), and personal history of non-Hodgkin lymphoma (cancer that affects part of the immune system).</p> <p>Record review of Resident #13's Quarterly MDS dated [DATE] reflected Resident #13 had a BIMS Score of 13, which indicated intact cognitive response. The MDS further reflected Resident #13 needed the assistance of two or more helpers for his activities of daily living, bed mobility, and transfers, and he used a wheelchair for mobility.</p> <p>Record review of Resident #13's Care Plan, last revised on 03/07/25, ensure Resident #13's call light was within reach and encourage the resident to use it for assistance as needed. Resident #13 needed prompt response to all requests for assistance. A working and reachable call light.</p> <p>Review of Resident #34's Face Sheet dated 04/02/2025 revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #34's diagnoses included adult failure to thrive, muscle wasting, lack of coordination, muscle weakness, unsteadiness on feet, dementia (memory, thinking, difficulty), Parkinson's disease (a progressive disorder that affects the nervous system), dysarthria, and anarthria (severe speech sound disorder), and dysarthria (speech sound disorder).</p> <p>Record review of Resident #34's Quarterly MDS dated [DATE] reflected Resident #34 had a BIMS Score of 12, which indicated moderate cognitive impairment. The MDS further reflected Resident #34 was dependent on staff for his activities of daily living, bed mobility, and transfers, and he used a wheelchair for mobility.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #34's Care Plan, last revised on 01/27/25, encourage Resident #34 to us bell to call for assistance. Call light was within reach and encourage the resident to use it for assistance as needed. Resident #34 needed prompt response to all requests for assistance.</p> <p>Review of Resident #124's Face Sheet dated 04/02/2025 revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #124's diagnoses included muscle wasting, lack of coordination, muscle weakness, unsteadiness on feet, severe intellectual disability, anxiety (feeling of uneasiness or worry), depressive disorder, seizures, respiratory failure and reflux.</p> <p>Record review of Resident #124's Quarterly MDS dated [DATE] reflected Resident #124 had a BIMS Score of 0, which indicated severe cognitive impairment. The MDS further reflected Resident #124 was dependent on staff for his activities of daily living, bed mobility, and transfers, and he used a wheelchair for mobility.</p> <p>Record review of Resident #124's Care Plan, last revised on 03/06/25, Be sure Resident #124's call light was within reach and encourage the resident to use it for assistance as needed. Resident #124 needed prompt response to all requests for assistance.</p> <p>Observation of Resident #13's call light on 03/31/25 at 07:24 AM revealed the call light was at the foot of Resident #13's bed on the floor.</p> <p>Observation of Resident #124's call light on 03/31/2025 at 9:37am revealed that his call light was not within reach of the resident. Resident #124's call light was on his roommate's bedside table.</p> <p>Observation of Resident #34's call light on 03/31/2025 at 10:04am revealed that his call light was clipped onto the light in the resident's room. The call light was about 40 feet above the resident out of reach as the resident could not get out of bed on his own.</p> <p>During an interview on 03/31/25 07:23AM with Resident #13 revealed earlier in the morning at 06:35 AM he was trying to get help with his call light because it had fallen between the bed and the wall. Resident #13 stated the CNA threw the call light and tossed it across the room when he assisted him up to the wheelchair. Resident #13 stated he had been trying to get someone to help get him changed.</p> <p>During an interview with Resident #124 on 03/31/2025 at 9:37am revealed he would not talk to the surveyor.</p> <p>During an interview with Resident #34 on 03/31/2025 at 10:04am revealed that staff do not answer his call light. He said his call light was not always within his reach and he cannot get help.</p> <p>During an interview with CNA A on 04/02/2025 at 12:32pm revealed she had been trained on resident rights. She said the policy was the call light had to be always within the resident's reach. She said the call light should be within reach any time the resident was in bed or in their room. She said if the call light was not in the resident's reach the resident would not be able to get the help they need. She said that the CNA's were responsible for ensuring the call light was within reach. She said that when the CNA's did their rounds, they were supposed to check the call light and make sure it was in the resident's reach. She said she did not know why the residents' call lights were not in reach.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with LVN B on 04/02/2025 at 1:22pm revealed that she had been trained on resident rights. She said that the call light was supposed to be where the resident could reach it. She also said that if the resident was paralyzed the call light should be placed on the side that was not paralyzed. She said all staff were responsible for ensuring the call light was within reach. She said if the call light was not within the resident's reach that the resident could fall or hurt. She also said that the nurses and CNA's were responsible for ensuring the call lights were within the resident's reach. She said the CNA's and nurses monitor the call lights by doing rounds and will put the call light in the resident's reach if it was not in their reach. She said that the staff did not pay attention to the call lights and that was why the call lights were not in reach.</p> <p>During an interview with the DON on 04/02/2025 at 2:52pm revealed that he and staff had been trained on resident rights. He said that the call light was supposed to be within the resident's reach. He also said that if anyone saw the call light not in reach the staff member was responsible for putting it within the resident's reach. He said if the call light were not within the resident's reach that the resident could not let staff know what they needed or communicate with the staff. He also said that all staff were responsible for ensuring the call lights were within the resident's reach. He said call lights were monitored by doing rounds. He said he did not know why the call light was not in reach. He said it would be magic if he could tell me why the call lights were not in reach.</p> <p>During an interview with the ADM on 04/02/2025 at 3:52pm revealed that he and staff had been trained on resident rights. He said that the call light was supposed to be within the resident's reach. He also said that primarily the care giver was responsible for putting the call light within the resident's reach. He said if the call light were not within the resident's reach that the resident could not call for help when they needed it. He also said that care givers and management were responsible for ensuring the call lights were within the resident's reach. He said call lights were monitored by doing rounds. He said he did not know why the call light was not in reach.</p> <p>Record Review of Call Lights: Accessibility and Timely Response Policy dated 10/12/2022 revealed staff will ensure the call light is within reach of resident and secured, as needed. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p>