STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40884 Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 4 of 27 residents (Resident #26, Resident #54, Resident #58, and Resident #365) and 1 of 1 facility reviewed for a clean and homelike environment. A) The facility failed to ensure Resident #54, Resident #58, and Resident #365 had hot water to use for comfortable bathing/showers and ADL care. B) The facility failed to ensure Resident #26's wheelchair was maintained. C) The facility failed to: a. ensure the baseboard in the downstairs dining room next to the soda machine was attached to the wall and the damage to the sheetrock along the wall was repaired. b. ensure the flooring tiles around the soda machine and the ice machine in the dining room were securely attached to the floor and the missing floor tiles were replaced. c. ensure the floor in the downstairs dining room was cleaned and free of dirt, debris, sticky residue, and water. These failures could place residents at risk of living in an uncomfortable and unsafe environment, decreased feelings of self-worth, and a diminished quality of life. Findings included: A) Review of Resident #58's Face Sheet dated 01/28/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus (metabolic disorder in which the body has high sugar levels for prolonged periods of time) with diabetic chronic kidney disease, methicillin resistant staphylococcus aureus (infections caused by specific bacteria that are resistant to commonly used antibiotics) infection as the cause of diseases classified elsewhere, chronic gout (type of arthritis that causes inflammation of joints due to excess uric acid) due to renal impairment-multiple sites-with tophus (kidney failure), morbid (severe) obesity due to excessive calories, and major depressive disorder (mood disorder that causes persistent feelings of sadness and loss of interest)-recurrent. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #58's Significant Change MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment. Section GG Functional abilities reflected toileting and shower/bathing to be Dependent-Helper does ALL of the effort. Oral hygiene, upper and lower body dressing, footwear, and personal hygiene (which includes combing hair, shaving, and washing/drying face and hands) was marked as Substantial/ maximal assistance- Helper does MORE THAN HALF the effort. Review of Resident #58's Care Plan last revised 01/14/2025 reflected a focus on Resident #58 had a cerebral vascular accident (stroke) with intervention monitor/document residents' abilities for ADLs and assist resident as needed. Review of Resident #365's Face Sheet dated 01/28/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that includes paraplegia (form of paralysis that mostly affects the movement of the lower body), type 2 diabetes (metabolic disorder in which the body has high sugar levels for prolonged periods of time), COPD- chronic obstructive pulmonary disease (progressive lung disease characterized by chronic respiratory symptoms and airflow limitations), and hyperlipidemia (abnormally high levels of any or all lipids or fat such as cholesterol in the blood). Review of Resident #365's Quarterly MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment. Section GG Functional Abilities of the MDS reflected Resident #365 required supervision or touching assistance with showers/ bathing, dressing, toileting, and personal hygiene. Review of Resident #365's care plan last revised 01/16/2024 reflected Resident #365 has a diagnosis of dementia and is at risk for increased confusion and decline in ADL's as the disease progresses with intervention assist with ADLs as needed. Review of Resident #54's Face Sheet dated 01/27/2025 reflected a [AGE] year old male admitted to the facility on [DATE] with diagnoses of osteomyelitis (infection of the bone caused by bacteria or fungi), chronic obstructive pulmonary disease (COPD) (progressive lung disease characterized by chronic respiratory symptoms and airflow limitations), type 2 diabetes (metabolic disorder in which the body has high sugar levels for prolonged periods of time) with diabetic nephropathy (refers to nerve damage), anoxic brain damage (injury resulting from lack of oxygen to the brain), tracheostomy (surgical hole in the windpipe that helps with breathing) status, muscle wasting and atrophy (partial or complete wasting away of the part of the body), parkinsonism (a chronic and progressive movement disorder characterized by tremors, slowed movements, rigidity and postural instability), severe sepsis with septic shock (widespread infection causing organ failure and dangerously low blood pressure), and paraplegia (form of paralysis that mostly affects the movement of the lower body). Review of Resident #54's Quarterly MDS assessment dated [DATE] reflected a BIMS assessment was not completed. Section GG- Functional Abilities reflected the resident required substantial/ maximal assistance with showers/ bathing, personal hygiene, toileting, and dressing. Review of Resident #54's Care Plan last revised 04/02/2024 reflected focus on Resident #54 requires hospice services as evidence by terminal diagnosis with interventions that include assist with ADLs and provide comfort measures as indicated. The care plan also indicated a focus on Resident #54 has diabetes mellitus with an intervention of avoid exposure to extreme heat or cold. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/26/2025 at 10:17 AM with Resident #58, he stated that due to being unable to get out of bed he is usually provided sponge baths in bed which the resident stated is primarily done by hospice services. Resident #58 stated that the water that is used is usually cold and uncomfortable. Resident #58 stated that when he complains about the water temperature that staff will apologize and say, it does not warm up well here. In an interview on 01/26/2025 at 10:34 AM with Resident #365, he stated he had concerns with the water temperature in the facility saying it was cold and uncomfortable. Resident #365 stated that it will eventually warm up but said, you have to wait over half an hour. Resident #365 stated he received assistance from hospice services with showers. Resident #365 stated he uses the bathroom sink in the mornings to wash his face, brush his mouth and dentures, and will sometimes wash his upper body at the sink with a cloth in between showers; he stated he has waited for 30 minutes for it to warm up and said, the water was never hot, it never is and not in that short of time. Resident #365 stated that he has arthritis and when the cold water hits him it is so painful that he tries to avoid it if he can. In an interview on 01/26/2025 at 11:42 AM with Resident #54 he stated he is provided bed baths by hospice services. Resident #54 stated the water is always cold and stated hospice usually apologizes to him for the water not warming up well. In an interview and observation on 01/26/2025 at 12:35 PM with the Maintenance Dir . he stated the facility uses tankless water heaters and that in order for the water to heat up staff have to run the bathroom sink and the shower at the same time for a period of time. He stated this was due to the tankless water heaters having to have a minimum of 2 gallons of water running through it prior to it activating to heat the water up. The Maintenance Dir. was asked to check the water temperatures which he did with his thermometer beginning in shower room [ROOM NUMBER]. The Maintenance Dir. was observed turning on the hot water only on both the sink and shower for shower room [ROOM NUMBER] and at 12:41 PM, the water registered between 68-69 degrees Fahrenheit as we waited for the water to warm up. By 12:46 PM the water was not warming up and we left both the sink and the shower in shower room [ROOM NUMBER] running and moved to shower room [ROOM NUMBER]. The sink and shower for shower room [ROOM NUMBER] were turned on for hot water only, the temperature initially registering between 69-70 degrees Fahrenheit. We returned to shower room [ROOM NUMBER] and it was still not warming up. An observation was made of the Maintenance Dir. adjusting the shower knob and at 12:50 PM the water registered at 102 degrees Fahrenheit on hot water only. We moved to shower #2 and by 12:52 PM the shower temperature registered at 116 degrees Fahrenheit, on hot water only. This revealed that it took approximately 20 minutes for the water to warm up while having both the sink and shower running in both shower room [ROOM NUMBER] and shower room [ROOM NUMBER]. The Maintenance Dir. stated that if a resident or staff member were to only use the sink or the shower alone, it would take a long time for the water to heat up. When asked if care staff have been trained on the steps necessary to take to allow the shower water to heat up to a comfortable temperature given how often he had to adjust the knob and how much water had to run through the tankless water heater before it would activate, the Maintenance Dir. stated there was no formal in-service but that staff have been told how to do it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/28/2025 at 9:29 AM with Hospice Aide, she stated she was at the facility on 01/27/2025 to assist residents with their showers. Hospice Aide stated that she provides bed baths to Resident #54 and #58 and will assist with a shower in the shower room for Resident #365. Hospice Aide stated that she is having to often apologize to the residents after they complain about the water being too cold and said, it's a major issue here. She stated it will take over half an hour for water to warm up and that the temperature will cool back down quickly. Hospice aide also stated that hand washing was an issue because of the lack of hot water, or it is taking too long to heat up. In an interview on 01/28/2025 at 9:59 AM with CNA H, she stated that the hot water takes 30 to 45 minutes to heat up so they will have to leave it on for a while before they bring residents in to shower. CNA H stated some residents have complained about the cold water. In an interview on 01/28/2025 at 1:16 PM with the DON he stated they were aware of water flow and temperature issues. He stated, the water will warm up but it takes a while. The DON stated that it was the residents' right to have a warm comfortable shower if that is what they prefer. He stated a negative outcome of cold or uncomfortable showers is if they cannot tolerate the water it will lead to shortened showers, or they will not want to complete it and they will run the risk for skin breakdown and other skin related issues. In an interview on 01/28/2025 at 1:43 PM with the Administrator, she stated she was aware and has received complaints about the water taking too long to get hot and that it has always been an issue due to the age of the building. She stated that residents should be getting a warm/hot shower if that is what they prefer. She stated she has received concerns from hospice about water temperatures and that hospice has requested to pull hot water from other floors for bed baths but were denied because they believed transporting the water would have other infection control concerns. The Administrator stated that a negative outcome to residents not having a comfortable bath/shower was that it could lead to a resident getting sick, or being too cold to where they don't want to shower anymore, and it snowballs into skin issues and other negative effects. B) Review of Resident #26's face sheet, dated 01/27/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #26 had diagnoses which included type 2 diabetes mellitus with unspecified complications (chronic condition where the body does not use insulin effectively, causing blood sugar levels to become too high because the cells cannot absorb glucose properly, leading to a buildup of sugar in the blood stream), unspecified lack of coordination (difficulty performing physical movements smoothly, accurately, and efficiently), muscle weakness- generalized (a condition that occurs when your muscles are unable to contract properly, resulting in a loss of strength), and parkinsonism, unspecified (brain conditions that cause slowed movements, rigidity - stiffness, and tremors). Review of Resident #26's Quarterly MDS Assessment, dated 11/08/2024, reflected Resident #26 had a BIMS score of 2, which indicated his cognition was severely impaired. Resident #26 required partial/moderate assistance (helper does less than half the effort) with the following: toileting hygiene, oral hygiene, upper and lower body dressing, personal hygiene, and showers. Resident #26 required substantial/maximal assistance (helper does more than half the effort) with bed mobility and transfers. He required use of a wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #26's Comprehensive Care Plan, completion date of 12/13/2024 reflected Resident #26 had Parkinson's disease and is at risk for injury from increased tremors and involuntary muscle movements. Interventions: Assist with ADLs. Monitor for increased tremors and report to Medical Doctor. Resident #26 was at risk for falls. Review of the Maintenance Logs from January 2024 thru January 2025 reflected there was not a working order for Resident #26's wheelchair to be repaired or replaced. Observation and interview on 01/26/2025 at 10:07 AM revealed the arm rest on the right side of Resident #26's wheelchair was worn and the screws were exposed. Resident #26's left arm rest was torn and there was no padding on half of the arm rest. Resident #26 was not interviewable. Observation on 01/26/2025 at 10:12 AM there was a maintenance binder to document any repairs required from the maintenance supervisor. There was not any maintenance request for Resident #26's wheelchair in the binder. In an interview on 01/26/2025 at 10:15 AM RN L stated there was a possibility Resident #26 may sustain a skin tear from the arm rests of his wheelchair. She stated the arm rests were torn and there was a screw exposed on the arm rests. RN L stated she did not know if the repairs needed for Resident #26 had been reported to maintenance. She stated there was a maintenance book and staff recorded all issues for maintenance supervisor to repair or replace. She stated the arm rest needed to be repaired. In an interview on 01/28/2025 at 9:25 AM Maintenance Supervisor stated anytime a resident's wheelchair needed to be repaired or replaced the staff would document it in the maintenance binder at the nurse's station or therapy will make recommendations when they have residents in the therapy department. He stated therapy department would document their suggestions in the maintenance log for repairs. Maintenance Supervisor did not respond when asked if anyone reported to him about Resident #26's wheelchair needed to be repaired. In an interview on 01/28/2025 at 9:40 AM CNA G stated Resident #26's arm rests were torn and there was a screw exposed. He stated anytime staff observed any type of needed repairs or replacement of resident's equipment the staff was expected to write it on the maintenance log binder located at the nurse's station. CNA G stated there was a possibility Resident #26 may get a skin tear on his arm and may develop into an infection. He stated he had been in-serviced to document anything needing to be repaired or replaced in the maintenance binder. CNA G stated he did not recall the time or date of the in-service. He did not reply when asked if he knew the arm rest needed to be repaired. In an interview on 01/28/2025 at 10:50 AM Director of Therapy COTA stated anytime the therapist observed any resident needing a new wheelchair they would discuss it in morning meeting and would follow protocol of obtaining a new wheelchair for the resident. She stated they observe this when residents were in therapy. She stated if a resident was not in therapy the staff will document in the maintenance log of any repairs needed for a wheelchair and would discuss with therapy department of any resident needing a new wheelchair. She stated this would be discussed in morning meetings if any resident needed a new wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C) Observation on 01/26/2025 at 12:12 PM of the downstairs dining room in the secured unit revealed the floor had a sticky/tacky residue and a squeaking sound was heard from the floor as residents and staff walked around the dining room. The State surveyor's shoes stuck to the floor. A pool of liquid was observed on the dining room floor near the ice machine. Staff walked through the liquid and tracked the liquid around the room, until another State surveyor pointed it out to staff and a staff member was observed to wipe the floor with a towel at 12:21 PM. The liquid was clear and slippery, and an unidentified staff member stated it might have been grease. The general appearance of the floor was dirty with white and black stains, pieces of saran wrap, and other debris on the floor, and water on the floor near the ice machine prior to lunch being served. The wall next to the soda machine revealed missing pieces of baseboard about one foot along on the side wall and completely missing baseboard along the back side of the hall, appropriately five feet. The paint was peeling and there were missing pieces of sheet rock around the base of the wall on the back side of the soda machine and a hole in the wall. Observation on 01/26/2025 at 12:28 PM revealed there was an ice machine in the dining room. The floor had several missing floor tiles around and under the ice machine and soda machine. The floor under the missing tiles had thick black stains and black residue around the edges. Some of the floor tiles were loose and not attached to the floor. An unidentified resident picked up one loose floor tile to demonstrate to the surveyor that it was not attached to the floor. Water was observed under the loose tile. Due to safety concerns, another State surveyor told staff about the loose floor tiles and at 12:32 PM, the Maintenance Dir. was observed picking up the loose tiles and putting a caution wet floor sign on the floor. Observation on 01/27/2025 at 08:57 AM of the dining room in the secured unit revealed missing floor tiles by the ice machine and loose and missing tiles by the soda machine. In an interview on 01/27/2025 at 09:01 AM Dietary Aide N stated she had worked at the facility since October 2024, and the dining room floor had had missing and loose tiles since she started work. Dietary Aide N stated that residents used the ice machine, and the uneven floor could be a tripping hazard for residents walking by the ice machine. Dietary Aide N stated she was not responsible for repairs and did not know what was being done about the floor. She stated that housekeeping was responsible for cleaning the dining room floor daily. In an interview on 01/27/2025 at 09:04 AM MA S stated she had worked at the facility for [AGE] years and had not noticed the missing or loose floor tiles around the ice machine and soda machine. MA A stated she filled the water pitcher at the ice machine and should have noticed the floor. MA S stated housekeeping staff were responsible for cleaning the dining room floor and should have noticed. Any staff could put in a maintenance request for repairs. MA S stated she did not know if it would be considered a safety hazard but stated it would not be considered clean or homelike and the floor should be repaired and cleaned. In an interview on 01/27/2025 at 09:12 AM Resident #47 stated he had noticed the missing floor tiles by the ice machine, and it was ugly and a tripping hazard. He stated it was a maintenance item that the facility should have taken care of. Resident #47 was unable to say how long it had been that way, but stated it bothered him and he did not consider it homelike. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/27/2025 at 09:17 AM MA G stated that she had worked at the facility for five years. She stated all the dining room floor tiles were there until 01/26/2025 when she saw the Maintenance Dir. come look at the floor and pick up some loose floor tiles. MA G had not noticed missing floor tiles previously. MA G stated it would be a tripping hazard, not considered homelike, and it would not be clean. In an interview and record review on 01/27/2025 at 02:19 PM and 03:02 PM, the Maintenance Dir. stated he had worked at the facility since 11/25/2024 and was responsible for scheduling and completing all repairs around the facility. The Maintenance Dir. stated he did environmental rounds once a week for items that need repair. He was not aware of any maintenance or repair policy. The Maintenance Dir. stated he did not have a work order for missing or loose tiles in the dining room, but stated all staff can complete a work order request for repairs for him to review and track. The Maintenance Dir. stated he had previously noticed the loose tile and glued it back to the floor last week. He learned on 01/26/2025 during the survey that one of the floor tiles was unglued and he replaced it on 01/27/2025. The other missing floor tiles around and underneath the ice machine occurred when pulling the ice machine to service. The floor had been that way for 5-6 months. The Maintenance Dir. stated he would be ordering some floor panels to put back down on the floor to replace the missing tiles. It's an eye sore and a tripping hazard and a potential risk for further damage or for some one to trip and fall. The Maintenance Dir. stated he had a work order for missing baseboard and sheetrock around the soda machine, but it's old and it had not been repaired yet due to needing the correct materials and supplies. He stated the concern with the wall was possible mold and it was not homelike. He provided a copy of the work order for the area around the soda machine dated 12/04/2024 that reflected, Floor/wall cover in bad shape needs to be replaced. Requested priority Low-When you get a chance. Reviewed on 12/11/2024 Need to order material, dry wall will be replaced. The Maintenance Dir. stated the materials have not been ordered. In an interview on 01/28/2025 at 08:18 AM HSK P stated she cleaned the dining room floor in the secured unit sometimes and had not noticed the missing floor tiles around the ice machine or soda machine, but when she did notice a repair that needed to be done, she told the maintenance director verbally. HSK P could not say how often the dining room floors were cleaned because she normally worked in another part of the building, but cleaning the floors was part of her duties. In an interview on 01/28/2025 at 08:23 AM the Maintenance tech. stated that he had two roles at the facility. He was the maintenance technician and was a housekeeper. He stated that he cleaned the dining room floor in the secured unit and the missing floor tiles around the ice machine had been that way for 3-4 months. The missing baseboards and sheetrock damage around the soda machine had also been like that for several months. He stated that he didn't believe there was any safety concerns and if there were, he would have repaired it immediately. He stated it would not be considered homelike environment and the repairs taking several months to complete would not meet his expectations. He stated other repairs in the facility had taken priority, but the floors will eventually get repaired. He stated they were waiting for the supplies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675971	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/28/2025 at 12:33 PM the DON stated that he had a grievance about the flooring in the dining room around the ice machine and soda machine. The DON stated that maintenance should have reviewed and repaired the floor as it was discussed in December 2024. The DON stated that missing and loose floor tiles were a safety concern, such as tripping or falling, and the water could be a health hazard. The DON stated it would not be homelike. The DON's expectation was that the repair would be completed immediately due to the safety concern and the fact that residents were aware of the problem. In an interview on 01/28/2025 at 01:20 PM the ADON stated that she was aware of the missing floor tiles around the ice machine. It was an ongoing maintenance issue that the floor tiles must be replaced due to the water. The ADON was not aware of the damage around the soda machine but stated it must be due to water. The ADON was not sure where the water was coming from but stated that the repairs should occur immediately or within 24 hours due to the safety hazards for residents and staff. Residents and staff could slip or fall, or a resident's wheelchair could get stuck on the uneven floor and the resident might fall out of the wheelchair. The ADON stated the dining room floor and wall was not homelike and did not meet her expectations. In an interview on 01/28/2025 at 02:37 PM the Administrator stated she had seen the downstairs dining room floor and was aware that there was an issue. Surveyor showed the Administrator photos of the floor around the ice machine and the floor and wall around the soda machine. The Administrator stated she was not aware of the extent of the damage. The Administrator stated that it was a tripping hazard/fall hazard. The damage to the wall could allow rodents or insects to come inside the building. The Administrator stated she would expect the repairs to be completed as soon as possible or within 30 days. The condition of the dining room did not meet her expectations. The Administrator stated that she in-serviced her staff in January 2025 regarding completing maintenance repair work orders. Review of the maintenance work orders dated 10/26/2024 to 01/26/2025, reflected no work orders for the downstairs dining room floor. Review of the facility policy titled Facility Maintenance Protocol undated, reflected, All Employees are required to follow process to address any Maintenance Request as follows: Process: 1. Fill out a work order form in the binders at the nurse's station 2. List what room or area needs repair and give a brief description of the problem 3. Maintenance Director or Designee will review and complete the work order as quickly and efficiently as possible 4. Completed work order will be left in binder for some time in case the problem happens again. 5. It will be documented what the repair was done and equipment used . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy and procedure titled Resident Rights revised April 2024 reflected, The facility protects and promotes the rights of each resident. The facility staff will uphold the resident's dignity and individuality, providing care that fosters their quality of life in a respectful environment. The facility provides a clean, safe, comfortable, and home-like environment. Review of the facility operations policies and procedures titled Resident's Right for Dignity revised June 2019 reflected, It is the policy of this facility that the Facility staff will provide the resident with the right to an environment that preserves dignity and contributes to a positive self-image. Procedures: (7) Create a home-like environment for the resident that includes: c. Clean, orderly, comfortable, safe environment . Review of the facility policies and procedures titled General Environmental Cleaning Techniques revised February 2022 reflected, The primary objective of this policy is to establish and maintain a standardized approach to environmental cleaning, minimizing the risk of infections and promoting a clean and sanitary living and working environment. Procedure: Conduct a Visual Preliminary Site Assessment Proceed only after a visual preliminary site assessment to determine if: There is any obstacle (clutter) or issues that could pose a challenge to safe cleaning. There is any damage or broken furniture or surfaces to be reported to supervisor/management. Review of the facility policies and procedures titled General Resident Area Cleaning/Disinfecting revised February 2022 reflected, Resident Floors: Floors generally have patient exposure and pose a low risk for pathogen transmission. Under normal conditions, they should be cleaned daily, but the use of disinfectant is not necessary. 49099 50176

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observations, interviews, and record reviews, the facility failed to develop and implement a comprehensive care plan that describes the services that are to be furnished to maintain the resident's highest practicable physical, mental, and psychosocial well-being for one resident (Resident #18) of 18 reviewed, in that: The facility failed to ensure Resident #18's Comprehensive Care Plan reflected a plan of care for her right-hand contracture (A permanent tightening of the muscles, tendons, skin, and surrounding tissues that causes the joints to shorten and stiffen and a decrease in ROM). This failure could place residents with contractures at risk for decrease in mobility, range of motion, and contribute to worsening of contractures. Findings included: Review of Resident #18's face sheet dated 01/28/2025 reflected a [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses: Alzheimer's disease (A type of brain disorder that causes problems with memory, thinking and behavior.), Parkinsonism (A progressive disorder that affects the nervous system and the parts of the body controlled by the nerves.) and muscle weakness. Review of Resident #18's quarterly MDS dated [DATE] reflected Resident #18 was assessed to not have a BIMS score, indicating she had severe cognitive impairment. Resident #18 was assessed to require dependent assists for all ADLs. Resident #18 was further assessed to have functional limitations in range of motion for bilateral upper and lower extremities. Review of Resident #18's comprehensive care plan reflected an entry dated 08/03/2023: Resident has an ADL self-care deficits and is at risk for further decline in ADL functioning and injury. Interventions included anticipate needs, provide extensive assist . Further review of Resident #18's comprehensive care plan reflected no care plan for ROM deficits or contractures. Observation and interview on 01/26/2025 at 9:45 AM revealed Resident #18 in bed. Resident #18 was not interviewable. Resident #18 was holding her arms across her chest with her right hand under her chin. Resident #18 was observed to have a right-hand contracture. Resident #18's fingers were bent toward her palm with her fingers pushing into the palm of her hand. Her right thumb nail was visible, and the nail was long. No splints or palm guards were observed on or near Resident #18. In an observation on 01/28/2025 at 09:10 AM, Resident #18 was in her wheelchair in the dining room holding her right arm across her chest. Her right hand was observed to be held in a fixed position with fingers curled to the palm with thumb held straight. The thumb nail was long and jagged. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675971	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/28/2025 at 09:30 AM The MDS coordinator stated after reviewing Resident #18's care plan that the resident's contractures were not on her care plan. She stated resident was assessed on the MDS to have limited ROM. The MDS coordinator stated that she had not received anything from therapy to indicate she was receiving services. The MDS coordinator stated she would put it in Resident #18's care plan. In an interview on 01/28/2025 at 10:30 AM The Administrator stated she expected any time there was a change with the resident whether it was physical, mental, or social she expected the care plan to be revised to reflect the residents' current needs. The Administrator stated there was a potential a resident may not receive the physical, mental, or social care the resident needs. She stated if the resident did not receive the treatment to help their physical care, cognitive care and social needs, there was a possibility a resident may have a decline in all these areas. She stated what is documented on the MDS Assessment was expected to be documented on the comprehensive care plan. The Administrator stated the MDS nurse was to revise the care plan or create a new care plan to reflect all needs and preferences of resident. In an interview on 01/28/2025 at 2:25 PM the DON stated range of motion limitations and residents' contractures should be identified and a plan of care with interventions developed to prevent worsening of contractures or complications such as pressure ulcers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40884 Based on interviews and record reviews, the facility failed to develop a comprehensive care plan within seven days after completion of the comprehensive assessment for three (Resident #4, Resident #21, and Resident #31) of six residents reviewed for care plans. The facility failed to ensure Resident #4, Resident #21, and Resident #31 comprehensive care plans were completed within seven after of their comprehensive assessments. This failure placed residents at risk of not receiving appropriate care and services to maintain the highest practical well-being. Findings included: Review of Resident # 4's face sheet, dated 01/22/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident # 4 had diagnoses which included seizures (a sudden burst of abnormal activity in the brain that causes temporary changes in behavior, movement, and awareness), neuroleptic induced parkinsonism (medication caused parkinsonism antipsychotic -included one of the three criteria: rigidity, rest tremor or postural instability), contracture, unspecified joint (a medical condition where a joint in the body has become contracted and stiff, but the specific joint affected not specified), dementia in other diseases classified elsewhere, with anxiety (a diagnosis where a person is experiencing memory loss but is occurring as a secondary symptom of another medical condition, and is accompanied by significant anxiety- persistent worry- as a prominent feature), schizoaffective disorder bipolar type (features mania - elevated mood-, and sometimes depression - persistent feelings of sadness), and feeding difficulties (has trouble eating, chewing, and swallowing). Review of Resident #4's Significant Change MDS Assessment, dated 01/07/2025, reflected Resident # 4's BIMS was unable to be completed by Resident #4 related to he is rarely/never understood. He had poor short- and long-term memory recall. Resident #4 was moderately impaired with decision making ability (decisions are poor; cues were required). Resident #4's behavior had improved. He had impairment on both sides of his lower extremity of functional limitation in range of motion. Resident #4 required substantial/maximal assistance (helper does more than half the effort) with the following: personal hygiene, showers, upper and lower body dressing, toileting hygiene, transfers, bed mobility and oral hygiene. He was always incontinent of bowel and bladder. Review of Nurses notes on 01/18/2025 reflected Resident #4 had a change of condition identified: Resident #4 had a seizure and he had twitching of all limbs. Resident #4 had a fall with no injury since prior assessment. He had swallowing complications such as coughing or choking during meals or when swallowing medications. He is on a mechanically altered diet (change in texture of food or liquids). Review of Resident #4's last completed comprehensive care plan reflected it was completed on 11/09/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Nurses notes on 01/20/2025 reflected Resident #4 had chest x-ray (a type of machine that produces images of the inside of the body), likely pneumonia (an infection of the lungs that causes inflammation of the air sacs- a lung compartment- this inflammation leads to the accumulation of fluid in the lungs, making it difficult to breathe). Review of Nurses notes on 01/22/2025 reflected Resident #4 had new order for antibiotics (a medication that prevents the growth of or destroys microorganisms- bacteria) for pneumonia. Review of Resident #21's face sheet, dated 01/27/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #21 had diagnoses which included type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema (chronic condition where the body does not use insulin effectively, causing blood sugar levels to become too high because the cells cannot absorb glucose properly, leading to a buildup of sugar in the blood stream - diabetic retinopathy is a complication of diabetes that affects the blood vessels in the retina, the light sensitive tissue at the back of the eye), Guillain-Barre syndrome (a rare neurological disorder where the body's immune system mistakenly attacks the peripheral nerves- causing muscle weakness, numbness, tingling sensations, and sometimes paralysis, often starting in the legs and spreading upwards), and Alzheimer's disease with early onset (onset with people younger than 65 and difficulties with memory are the most well-known first signs). Review of Resident #21's Quarterly MDS Assessment, dated 01/05/2025, reflected Resident #21 had a BIMS score of 5, which indicated his cognition was severely impaired. Resident #21 had delusions. He was impaired on both sides of lower extremity such as hip, knee, ankle, and foot. Resident #21 required substantial/maximal assistance (helper does more than half the effort) with oral hygiene, toileting hygiene, showers, upper and lower dressing, transfers, bed mobility, and personal hygiene. Review of Resident #21's last completed comprehensive care plan reflected it was completed on 10/10/2024. Review of Resident #21's Weekly Wound Observation Record, dated 01/17/2025, reflected Resident #21 did receive skip prep and apply xeroform, this changed on 01/17/2025 to cleanse wound daily with normal saline, primary dressing, xeroform, secondary dressing, bordered gauze on his right planter foot. Resident #21 acquired abrasion an right planter foot on 01/14/2025. Resident #21 was to wear prevalon boots (heel protector boots to prevent increase of wounds or new wounds). Review of Resident #21's Weekly Wound Observation Record, dated 01/17/2025, reflected Resident #21, Right lateral heel had diabetic/ischemic (a skin issue where a person with diabetes experiences reduced blood flow to the skin, leading to potential complications like ulcers, sores, and tissue damage, usually occurring on the feet and lower legs, due to the impaired circulation caused by diabetes) acquired on 01/14/2025. Skin prep discontinued. Apply calcium alginate and dressing (a sterile, absorbent dressing that contains silver to fight bacteria and promote wound healing). Resident #1 was to wear prevalon boots. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #31's face sheet, dated 01/27/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #31 had diagnoses which included unspecified lack of coordination (difficulty performing physical movements smoothly, accurately, and efficiently), repeated falls (experiencing multiple falls within a certain period of time), epilepsy, unspecified, intractable, without status epilepticus (a condition where a person has epilepsy- a condition involving the brain that makes people more susceptible to having recurrent unprovoked seizures- uncontrolled body movements and changes in behavior that occur because of abnormal electrical activity in the brain- that is difficult to control with medication, but they are not experiencing a seizure that lasts more than five minutes), vascular dementia, moderate, with other behavioral disturbance (changes to memory , thinking and behavior resulting from conditions that affect the blood vessels in the brain). Review of Resident #31's Annual MDS Assessment, dated 01/15/2025, reflected Resident #31 had a BIMS score of 3, which indicated his cognition was severely impaired. Resident #31 had upper and lower extremity limitation in range of motion. Resident #31 used a wheelchair for mobility. He required partial/moderate assistance (helper does less than half the effort) with the following: oral hygiene, toileting hygiene, showers, upper and lower dressing, transfers, bed mobility and personal hygiene. He is frequently incontinent of bladder and always incontinent of bowels. Resident #31 had a fall since prior assessment with injury. Resident has swallowing disorder such as: coughing or choking during meals or when swallowing medications. Resident #31 required mechanically altered diet (require change in texture of food or liquids). Review of Resident #31's last completed comprehensive care plan reflected it was completed on 12/13/2024. Review of Resident #31's nurses notes dated 01/20/2025 at 5:05 PM reflected Resident #31 had a change of condition identified: redness and complaint of itching to the right eye. Physician Notified and stated possibility of ophthalmic infection (an infection of the eye caused by bacteria, virus, or fungi (can cause infections in humans). Signed by LVN C Review of Resident #31's nurses notes dated 1/21/2025 at 10:49 PM reflected follow-up to right eye with green/yellowish drainage- cleansed with eye lid cleansing pad. Signed by LVN D Review of Resident #31's nurses note dated 01/22/2025 at 10:06 PM reflected follow-up to right eye with green/yellowish drainage. Resident #31 had new order for antibiotic ointment to right lower lid eye two times a day for redness and itching per five days. Resident #31 did not complain of pain or discomfort. Signed by LVN D (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview and record review on 01/28/2025 at 8:30 AM MDS Coordinator stated it was her responsibility to ensure the comprehensive care plan has been completed on a timely basis and revised as needed. She reviewed the care plans and MDS for Resident # 4, Resident #21, and Resident #31 in the electronic medical records and stated these three residents did not have a comprehensive care plan after their MDS had been completed. MDS Coordinator stated if there were changes in these residents during the MDS assessment or after the MDS assessment this was to be included in a comprehensive care plan with the other information for staff to follow to give medical, cognitive, and social needs. She stated it would be difficult for the nursing staff to know what type of care to give a resident if there was any change and if the care plan was not updated to reflect the most current MDS assessment. MDS Coordinator stated if there was a change in transfers or any type of ADL care and the staff did not have access to these changes there was a possibility a resident may become injured if resident transfers had been changed from a one person assist to a 2 person assist. She stated a resident may not receive the social and psych needs if their mood and behavior had changed and needed more activities or needed psychiatric services. In an interview on 01/28/2025 at 9:00 AM The Director of Nurses stated all resident's comprehensive care plan was to be completed seven days after the MDS completion date. He stated if the comprehensive care plan was not completed and there was any type of changes in the care plan, the nursing staff or any staff would not know the care a resident needed. The Director of Nurses stated if a resident had a change in behavior the care plan would need to be updated to reflect new behaviors and increased behaviors and discuss if psychiatric services needed to be involved with the treatment plan. He stated if a resident was beginning to isolate themselves in their room and family had decreased visiting the resident this situation needed to be care planned and they would discuss a new plan. The Director of Nurses stated a resident may not receive the physical care, mental care, or socialization they needed since the last care plan was reviewed. He stated there was a possibility a resident may have an injury if there was a change in how a resident was transferred or needed assistance with eating. The Director of Nurses stated he expected the care plan to be completed seven days after the MDS Assessment completion date and revised as needed to meet the resident's current physical and mental condition. In an interview on 01/28/2025 at 9:18 AM LVN C stated the nursing staff follows the care plan to know what type of care a resident required. She stated if a care plan was not updated and their care had changed it would be difficult to know the new changes of care for the resident. In an interview on 01/28/2025 at 10:30 AM The Administrator stated she expected the comprehensive care plan to be completed seven days after the MDS Assessment. She stated any time there was a change with the resident whether it was physical, mental, or social she expected the care plan to be revised to reflect the residents' current needs. The Administrator stated there was a potential a resident may not receive the physical, mental, or social care the resident needs. She stated if the resident did not receive the services to help their physical care, cognitive care and social needs, there was a possibility a resident may have a decline in all these areas. She stated what is documented on the MDS Assessment was expected to be documented on the comprehensive care plan. The Administrator stated the MDS nurse was to revise the care plan or create a new care plan to reflect all needs and preferences of a resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Facility's Policy on Care Planning, revised on 06/2019, reflected It is the policy of this facility that the interdisciplinary team shall develop a comprehensive care plan for each resident. A comprehensive care plan is developed within seven (7) days of completion of the comprehensive assessment. Review of the Facility's Policy on Care plan revisions, dated 05/2022, reflected The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents within the facility. The comprehensive care plan will be reviewed and revised every quarter, when a resident experiences a status change and as deemed necessary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 Based on observations, interviews, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living receives the necessary services to maintain grooming and personal hygiene for 1 of 13 residents (Resident #58) reviewed for ADLs. The facility failed to ensure Resident #58's fingernails were cleaned 01/26/2025 through 01/28/2025. This failure could place residents at risk of not receiving services or care, decreased quality of life, and decreased self-esteem. The findings included: Review of Resident #58's Face Sheet dated 01/28/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus (metabolic disorder in which the body has high sugar levels for prolonged periods of time) with diabetic chronic kidney disease, methicillin resistant staphylococcus aureus (infections caused by specific bacteria that are resistant to commonly used antibiotics) infection as the cause of diseases classified elsewhere, chronic gout (type of arthritis that causes inflammation of joints due to excess uric acid) due to renal impairment-multiple sites-with tophus (refers to kidney failure), morbid (severe) obesity due to excessive calories, and major depressive disorder (mood disorder that causes persistent feelings of sadness and loss of interest)-recurrent. Review of Resident #58's Significant Change MDS assessment dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive impairment. Section GG Functional abilities reflected toileting and shower/bathing to be Dependent-Helper does ALL of the effort. Oral hygiene, upper and lower body dressing, footwear, and personal hygiene (which includes combing hair, shaving, and washing/drying face and hands) was marked as Substantial/ maximal assistance- Helper does MORE THAN HALF the effort. Review of Resident #58's Care Plan last revised 01/14/2025 reflected a focus on Resident #58 had a cerebral vascular accident (stroke) with intervention monitor/document residents' abilities for ADLs and assist resident as needed. In an observation and interview on 01/26/2025 at 10:17 AM in Resident #58's room, an observation was made of his hands which revealed long (approximately half a centimeter) fingernails and dirty with a dark black substance underneath each nail. Resident #58 stated he has asked staff to trim them before but stated they say they are too busy or don't have time. Resident #58 stated it would usually be either hospice services or the facility's own nursing staff that would trim and clean his nails after his bed baths. In an observation and interview on 01/27/2025 at 10:50 AM in Resident #58's room, an observation of his hands and nails revealed trimmed nails, however, the dark black substance underneath his nails was still there. Resident #58 stated that he received a bed bath earlier that morning from Hospice Aide, but said he was still waiting on staff to clean under his nails. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation on 01/28/2025 at 9:00 AM in Resident #58's room, resident was asleep, but nails were observed and showed they were still not clean. In an interview on 01/28/2025 at 9:29 AM with Hospice Aide she stated she was at the facility on 01/27/2025 and provided Resident #58 with a bed bath. She stated she noticed his nails were long and trimmed them, but after cleaning up forgot to return to clean underneath them. Hospice Aide stated that hospice services does provide ADL care but stated that it is also the expectation that the facility provide ADL care to include trimming and cleaning Resident #58's nails routinely or as requested by the resident since hospice is not in the facility on a daily basis. In an interview on 01/28/2025 at 9:59 PM with CNA H she stated nail care is done when they (staff) have down time. CNA H stated a negative outcome to not performing ADL/ nail care for residents would be they would feel yucky and stated, I would want to be showered and groomed. CNA H stated she was assigned to Resident #58 but had not noticed that his nails had been long and dirty. CNA H stated that he was compliant to care and allowed all grooming to be performed and she did not know why he had not had them trimmed for so long or cleaned. In an interview on 01/28/2025 at 1:16 PM with the DON, he stated it was his expectation that nursing care staff provide ADL/ nail care to the residents. He stated when hospice is not in the facility nursing staff should be able to help and stated they also have treatment nurses that can assist with nail care. The DON stated a negative outcome of not providing nail care would be 'they could have injuries or infections which could lead to wounds or other complications especially if they are dependent on staff for care. In an interview on 01/28/2025 at 1:43 PM with the Administrator, she stated it was her expectation that if hospice is not in the facility or did not get to ADL care it falls back on us. She stated she expected her staff to be showering and providing other ADL care as needed. She stated a negative outcome of not providing ADL care to residents would be it could lead to skin and dignity issues. She stated, they deserve a shower, they deserve to be clean, and if we do not provide care we are not doing our due diligence and it could also lead to skin breakdown. Review of the undated facility Nursing Policies and Procedures-Nail Care reflected: It is the policy of this facility that the facility staff will assist the residents with nail care as needed. Residents who are unable to care for their own finger or toe-nails require staff assistance in keeping nails clean and trimmed. - Clean under nails with orange stick. - [NAME] nails with nail scissors, clippers, or file. - Finish with nails smooth and free of rough edges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. 40884 Based on interview and record review, the facility failed, to provide an ongoing activities program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interest of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction on the secure unit. The facility failed to provide activities on the secure unit as scheduled for the month of January 2025. This failure placed residents at risk for boredom, depression, increased behaviors, and diminished quality of life. Findings include: Review of the January 2025 Activity Calendar for the secure unit reflected it was the same calendar for residents not residing on the secure unit. Review on 01/26/2025 of the large print activity calendar located on the wall in the secure unit reflected on 01/26/2025 Church was to be provided at 9:00 AM. Observation on 01/26/2025 at 9:05 AM there was not church services on the secure unit. Review of the in-room activity participation binder reflected in room activities did not occur for the month of January 2025. Review of the secure unit group activity participation binder on 01/26/2025 reflected activities did not occur on the secure unit for the month of January 2025. Interview on 01/26/2025 at 10:15 AM RN L stated church did not occur on the secure unit on 01/26/2025. She stated when she did work on the secure unit she did not observe any activities provided by the activity staff on the secure unit. RN L stated she was not aware of any residents on the secure unit received any in room activities. Interview on 01/28/2025 at 9:11 AM CNA G stated he did not observe any in room activities occurring with residents on the secure unit. He stated the activity calendar for the secure unit was the same as the one for the other residents not living on the secure unit. CNA G stated the church group does not come on the secure unit and the singing programs, parties, exercise , and special events very seldom occur on the secure unit. He stated they have pictures for the residents to color but not all residents prefer to do this activity and the only activity they have for them to do is watch television and not all residents will watch television. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 01/28/2025 at 9:18 AM LVN C stated she did not observe any residents on the secure unit receive in room activities and did not observe the same activities written on the calendar provided for the residents on the secure unit. She stated these activities occurred on the main unit but not all the residents on the secure unit are capable of going to the main unit for the activities. She stated the staff will try to provide something to color, however, the majority of the residents did not prefer to color. She stated the staff turns on the television but this is basically the only activity the residents on the secure unit received. Interview on 01/28/2025 at 9:35 AM the Activity Director stated there was not any group or in room participation records for the month of January 2025. She stated it is her fault for not following up on the activity assistant to ensure the activity assistant was documenting on the participation records. The Activity Director stated the same calendar was for everyone in the facility including the residents on the secure unit. She stated not all the activities on the calendar would be appropriate for the residents residing on the secure unit. The Activity Director stated the secure unit needed their own calendar to meet the needs and preference of the residents. She stated it would be difficult for church to be in two places at the same time. The Activity Director stated she did have a full-time activity assistant but she was in class to get her CNA certification. She stated the residents on the secure unit did not receive in room activities for the month of January 2025. The Activity Director stated she failed to follow up with the activity assistant and she was focused on the main unit and allowed the activity assistant to focus on the secure unit and the main unit. She stated if any resident was not receiving in room activities or involved in group activities a resident may become depressed, feel lonely, isolate themselves, or have behaviors. She stated it was her responsibility to ensure all residents were receiving activities based on their current or past interest or preferences. The Activity Director stated if a resident was not able to relate their activity interest or preference the family needed to be contacted to gather this information about their interests. The Activity Director stated the activity staff does not document the daily participation in the residents' medical records. In an interview on 01/28/2025 at 10:30 AM The Administrator stated it was the Activity Director's responsibility to know all resident's activity preferences and interests. She stated if a resident required in room activities, the activities were expected to be based on the resident's current or past interest. The Administrator stated all activities were expected to be documented on the participation record located in a binder. She stated this included all groups and in room activities. The Administrator stated she had been at the facility approximately a month and she was focused on nursing and was going to be looking at each department. She stated she would immediately focus on the activity programs especially on the secure unit and the entire facility. The Administrator stated she would ensure all residents in the facility were receiving the activities to meet their needs such as : cognition, social, spiritual, and physical. The Administrator stated if there is not any documentation for activities on the secure unit the activity staff was unable to prove they did any activities. She stated all activities were expected to be documented to show the activities occurred with the residents. Review of the facility's policy , Activity, dated 05/2024 reflected The facility's activity program shall provide meaningful, person-centered activities to meet each resident's physical, mental, and psychosocial well-being. 1. Offer a variety of activities that promote engagement and meet the diverse needs of the resident population, including: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675971	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Group and individual activities b. Physical, intellectual, spiritual, emotional, and social activities. c. Activities that are age-appropriate and culturally sensitive. d. Ensure activities are adaptable for residents with physical and cognitive limitations. 2. Participation documentation: a. Document participation in activities in the resident's medical record. b. Identify barriers to participation and adjust activities or approaches as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation, interview and record review, the facility failed to ensure that residents received care, consistent with professional standards of care to prevent development or worsening of pressure ulcers for one of five residents (Resident #54) reviewed for pressure ulcers. The facility failed to ensure RN A followed standard precautions during wound care on 01/27/2025 for Resident #54's right and left heels, right and left ischial and coccyx Stage IV pressure ulcers, when she failed to perform hand hygiene between glove changes, use a cleaning technique on the pressure ulcer that did not cross contaminate the pressure ulcer or prevent the pressure ulcer once cleaned from becoming re-contaminated. This failure could place residents at risk for worsening pressure ulcers leading to discomfort, pain, and potential infections. Findings included: Review of Resident #54's face sheet dated 01/28/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses paraplegia (is an impairment in motor or sensory function of the lower extremities.), respiratory failure (happens when something keeps your body from getting oxygen into your blood or getting carbon dioxide out of your blood.), and anoxic brain damage (is damage to the brain due to a lack of oxygen supply). Review of Resident #54's quarterly MDS assessment dated [DATE] reflected no BIMS score was conducted. Resident #54 was assessed to be in a persistent vegetative state (may be some level of wakefulness without meaningful awareness or responsiveness.) Resident #54 was assessed to be at risk for pressure ulcers to and to have four stage four pressure ulcers. Review of Resident #54's comprehensive care plan reflected a focus area dated 08/09/2024 Resident has pressure injuries and is at risk for further skin breakdown and infection . Observation on 01/27/2025 at 11:28 AM revealed RN A in Resident #54's room to provide wound care. RN A removed dressings from both the right and left foot changed gloves, no hand hygiene, cleaned left heel pressure ulcer by swiping across the area then going around and dabbing over the already cleaned wound. She repeated the same cleaning technique on the right heel. RN A performed no hand hygiene between glove changes and did not wash hands between pressure ulcer sites. RN A removed dressings to the coccyx and right and left ischial pressure ulcers. After removing the dressings, she placed them in the biohazard bag on the floor. She changed her gloves without hand hygiene. RN A while performing the dressing change to Resident #54's right ischial wound she placed the clean dressing on the bed. While RN A cleaned the pressure ulcer, the dressing got stuck to her shirt and drug the clean side across the bed. RN A reached and grabbed the dressing and placed it on Resident #54's right ischial pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/27/2025 at 2:00 PM, RN A stated it was the facility's policy to sanitize your hands between gloves changes she stated she did miss sometimes. She further stated she was supposed to wash her hands between procedures and every third time you changed gloves and sanitized, you should wash your hands. She stated since there was no sink or bathroom in the room that was hard to do. RN A stated she should not have placed the dressing on the bed because it could cause cross contamination and infection. She stated when cleaning a wound, you should go from the inside of the wound outward. She stated she should not have gone back and padded the wound when she was done cleaning since the gauze was contaminated. In an interview on 01/28/2024 at 2:25 PM, the DON stated nurses needed to follow protocol to prevent cross contamination, clean surfaces, clean wounds inside out, not cross or go back over the open wound. The DON stated he expected the nurse to sanitize their hands between glove changes and to wash their hands between different procedures or wound sites. He stated there was a bathroom across the hall RN A could have doffed and went to wash her hands. The DON stated dressings should remain on the clean field until ready to apply to the resident. Record review of the facility's policy Dressing Change Wound, dated 06/2019, reflected It is the policy of this facility that dressing changes will follow specific manufacture's guidelines and general infection control principles. (Wash hands before and after donning gloves) Record review of the facility's policy Hand hygiene, dated 06/2019, reflected It is the policy of this facility that proper hand hygiene/hand washing technique will be accomplished at all times that handwashing is indicated. Hand Hygiene/Hand washing is the most important component for preventing the spread of infection . Hand hygiene/hand washing is done: Before: A. Before patient/resident contact . After contact with soiled or contaminated articles, such as articles that are contaminated with body fluids. After patient/resident contact. After contact with a contaminated object or source where there is a concentration of microorganisms, such as, mucous membranes, non-intact skin, body fluids or wounds . Wash hands at end of procedures where glove changes are not required. For procedures in which change of gloves ., clean gloves to sterile gloves, is indicated follow the specific standard of practice. However, hand washing may not be necessary until completion of the procedure. If glove hands become contaminated as gloves are changed hands can be washed. Contact with a patient's/resident's intact skin (e.g. taking a pulse or blood pressure, performing physical examinations, lifting the patient/resident in bed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation, interview, and record review the facility failed to ensure 1of 2 residents reviewed with limited range of motion (Resident #18), received appropriate treatment and services to prevent a decrease in range of motion. The facility failed to ensure Resident #18 had interventions in place for her right- hand contracture (A permanent tightening of the muscles, tendons, skin, and surrounding tissues that causes the joints to shorten and stiffen and a decrease in ROM) to prevent further decline of the range of motion in her right hand. This deficient practice placed residents with contractures at risk for decrease in mobility, range of motion, and could contribute to worsening of contractures. Findings Include: Review of Resident #18's face sheet dated 01/28/2025 reflected a [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses: Alzheimer's disease (A type of brain disorder that causes problems with memory, thinking and behavior.), Parkinsonism (A progressive disorder that affects the nervous system and the parts of the body controlled by the nerves.) and muscle weakness. Review of Resident #18's quarterly MDS dated [DATE] reflected Resident #18 was assessed to not have a BIMS score, indicating she had severe cognitive impairment. Resident #18 was assessed to require dependent assists for all ADLs. Resident #18 was further assessed to have functional limitations in range of motion for bilateral upper and lower extremities. Review of Resident #18's comprehensive care plan reflected an entry dated 08/03/2023: Resident has an ADL self-care deficits and is at risk for further decline in ADL functioning and injury. Interventions included anticipate needs, provide extensive assist . Further review of Resident #18's comprehensive care plan reflected no care plan for ROM deficits or contractures. Review of Resident #18's physician orders dated 01/28/2025 reflected no entries related to Resident #18's bilateral hand contractures or current therapy orders. Observation and interview on 01/26/2025 at 9:45 AM revealed Resident #18 was in bed. Resident #18 was not interviewable. Resident #18 was holding her arms across her chest with her right hand under her chin. Resident #18 was observed to have a right-hand contracture. Resident #18's fingers were bent toward her palm with her fingers pushing into the palm of her hand. Her right thumb nail was visible, and the nail was long. No splints or palm guards were observed on or near Resident #18. In an observation on 01/28/2025 at 09:10 AM, Resident #18 was in her wheelchair in the dining room holding her right arm across her chest. Her right hand was observed to be held in a fixed position with fingers curled to her palm with thumb held straight. Her thumb nail was long and jagged. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation and interview on 01/28/2025 at 09:16 AM the DON observed Resident #18. He stated Resident #18's right hand was contracted. Observation revealed he was able to pull her arm away from her chest and open her right hand slightly to reveal long fingernails and observed indentions in her hand from her nails. The DON stated her nails were long and needed to be trimmed. The DON further stated Resident #18 needed a device in her hand. He stated without it, it could cause skin injury, and increased contracture. The DON stated he would check with therapy on whether or not she had been seen for therapy. In an interview on 01/28/2025 at 09:30 AM The MDS coordinator stated after reviewing Resident #18's care plan that the resident's contractures were not on her care plan. She stated resident was assessed on the MDS to have limited ROM. The MDS coordinator stated that she had not received anything from therapy to indicate she was receiving services. The MDS coordinator stated she would put the contracture and contracture plan on Resident #18's care plan. In an observation and interview on 01/28/2025 at 09:55 AM, the COTA DOR was in the room with Resident #18 and stated Resident #18's hand was contracted and needed therapy. The COTA DOR stated she would put Resident #18 on therapy. Observation revealed the COTA DOR placed a therapy carrot (contracture device) in resident's hand. Observation of Resident #18's palm revealed a dry scaley area on the palm with no open areas. In an interview on 01/28/2025 at 2:15 PM the Administrator stated she expected resident contractures to be identified and treated by therapy. She stated if not identified by therapy they should be referred to therapy by nursing. She stated failure of the staff to do this could cause the resident sores in their hands from the nails digging into them and could cause the contracture to get worse. In an interview on 01/28/2025 at 2:25 PM the DON stated range of motion limitations and residents' contractures should be identified and a plan of care with interventions developed to prevent worsening of contractures or complications such as pressure ulcers. A policy for contracture management was requested from DON on 01/28/2025. No policy for contracture management was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation, interview, and record review the facility failed to ensure residents who are incontinent of bladder receive appropriate treatment and services to prevent urinary tract infections for one of one residents reviewed for catheters (Resident #54). The facility failed to ensure Resident #54 received care to prevent urinary tract infections when RN A placed his catheter bag on the bed with him during wound care. These failures could place residents with external catheters at risk for urinary tract infections and change of condition. Findings included: Review of Resident #54's face sheet dated 01/28/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses: paraplegia (is an impairment in motor or sensory function of the lower extremities.), respiratory failure (happens when something keeps your body from getting oxygen into your blood or getting carbon dioxide out of your blood.), and anoxic brain damage (is damage to the brain due to a lack of oxygen supply). Review of Resident #54's quarterly MDS assessment dated [DATE] reflected no BIMS was conducted. Resident #54 was assessed to be in a persistent vegetative state (may be some level of wakefulness without meaningful awareness or responsiveness.) Resident #54 was assessed to have indwelling and external catheters. Review of Resident #54's comprehensive care plan reflected a focus area dated 11/27/2023 and revised on 6/12/2024 which reflected Has foley catheter and is at risk for increased UTI's and skin break down . Interventions included .Keep tubing/ bag below the bladder level - do not kink tubing . Review of Resident #54's consolidated physician orders reflected an order dated 04/26/2024: Condom Catheter may be used to assist in keeping urine out of wounds. Observation on 01/27/2025 at 10:30 AM revealed RN A in Resident #54's room to provide wound care. Resident #54 was observed to be in bed with his catheter bag hanging from the side of the bed. A pool of liquid was observed on the floor under the catheter bag. RN A removed Resident #54's covers to reveal he had a condom catheter (external urinary catheters that are worn like a condom. They collect urine as it drains out of the bladder to a collection bag.) RN A changed the collection bag and placed it on his bed with him next to his right hip. RN A and RN B turned Resident #54 onto his right side and onto his catheter bag where it remained throughout his wound care. RN A and RN B turned Resident #54 back onto his back. Observation of the condom catheter revealed the condom was full of urine and not draining into the collection bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/27/2025 at 2:00 PM RN A stated Resident #54's catheter bag should not have been placed on the bed; it should have remained below the bladder level to allow it to drain. RN A stated she did not realize the catheter bag ended up underneath him until they turned him back over. RN A stated by the catheter not being below the bladder it was not allowed to flow by gravity which could cause the urine to back flow or cause skin break down were the urine was setting. In an interview on 01/28/2025 at 2:15 PM the Administrator stated that catheter bags should always be kept below the bladder to ensure drainage and to prevent infections. In an interview on 01/28/2025 at 2:25 PM the DON stated he expected nurses to keep catheter bags below the bladder level to maintain gravity drainage and urine should absolutely not be allowed to back flow into the condom catheter which could cause skin breakdown or urinary infections. Review of the facility's policy Catheter/urinary catheter, use of dated 06/2019 reflected Indwelling or intermittent urinary catheterization will be used for those patients/residents whose medical condition requires intervention for urinary elimination, or for those patients/residents whose condition requires intervention for urinary elimination techniques to protect skin surfaces . Condom catheters are used to manage in continence in men only when the benefits to the patient or resident are greater than the potential risk . Bacterial growth is common where the urinary catheter enters the urethral meatus in both men and women .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation, interview, and record review the facility failed to ensure a resident who needed respiratory care, including tracheostomy care and tracheal suctioning, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan and the residents goals and preferences for 1 of 1 resident (Resident #54) reviewed for tracheostomy care. The facility failed to ensure RN A used aseptic technique (a procedure that healthcare providers use to prevent the spread of germs that cause infection.) during tracheostomy care and tracheal suctioning for Resident #54 by not performing hand hygiene, placing barriers, or using sterile equipment. This failure could place residents at risk for respiratory infections and respiratory distress. Findings include: Record review of Resident #54's face sheet, dated 01/28/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included paraplegia (is an impairment in motor or sensory function of the lower extremities.), respiratory failure (happens when something keeps your body from getting oxygen into your blood or getting carbon dioxide out of your blood.), and anoxic brain damage (is damage to the brain due to a lack of oxygen supply). Record review of Resident #54's quarterly MDS assessment, dated 11/07/2024, reflected no BIMS score was conducted. Resident #54 was assessed to be in a persistent vegetative state (may be some level of wakefulness without meaningful awareness or responsiveness.) Resident #54 was assessed to have a tracheostomy and require suctioning and tracheostomy care. Record review of Resident #54's comprehensive care plan reflected a focus area, dated 11/21/2023, Resident has a tracheostomy. Interventions included Trach care and suctioning every shift. Record review of Resident #54's consolidated physician orders reflected an order, dated 01/27/2024, reflected an order dated 11/16/2023, Trach care, site observation every shift. Trach care suctioning every shift suction tracheostomy tube as needed to clear airway. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 01/27/2025 at 10:30 AM revealed RN A in Resident #54's room to preform tracheostomy care. RN A placed her trach care supplies on Resident #54's overbed table without cleaning and only cleared half the table. The other half of the table contained his TV remote, mail, juice bottle and a box of tissue. RN A donned gloves without hand hygiene she opened the kit and removed the sterile drape (used to place on the resident) and placed it on the table without hand hygiene she then donned her sterile gloves and placed an unclean bottle of sterile water on her field. RN A then used the sterile gloves to remove the old inner cannula and dressing (contaminating her sterile gloves) without changing gloves she placed a new inner cannula into his trach. (RN A performed no suctioning) RN A then poured the sterile water onto 4x4's that were on the drape using the same gloves she cleaned around the trach and change the tie without changing gloves. RN A then placed all the used dressing supplies into the biohazard bag which was on the floor. Resident #54 was coughing so RN A retrieved a suction kit. Without hand hygiene she donned the sterile gloves from the suction kit. With the sterile gloves she touched the suction machine and suction tubing with both her hands, contaminating her gloves. RN A touched the container for the sterile water (which was not included in the trach care kit and was not sterile) and poured the sterile water into the suction kit container. RN A then suctioned Resident #54. In an interview on 01/27/2025 at 2:00 PM, RN A stated it was the facility's policy to sanitize your hands between gloves changes. She stated she might have missed sanitizing her hands a few times during the procedure. RN A further stated she was supposed to wash her hands between procedures. She stated since there was not a sink or bathroom in the room it was hard to do. She stated she should have maintained the sterile field and not used her sterile gloves to remove the old inner cannula or trach sponge to prevent the spread of infection. RN A stated the overbed table should have been cleared off and the whole table sanitized. She further stated during suctioning she should not have touched the suction tubing with contaminated unsterile gloves. In an interview on 01/28/2025 at 2:25 PM, the DON stated he expected nurses to keep sterile technique during tracheostomy care and suctioning. He stated the nurses should clean the whole table, sanitize between glove changes and wash hands between sites and area trach, catheter, wounds etc. He stated failure to do so could lead to respiratory infections. Record review of the facility's policy Tracheostomy Care, dated 06/2019, reflected It is the policy of this facility that Tracheostomy care is performed aseptically for cleaning of the tracheostomy tube and stoma site, to prevent plugging of the tracheostomy tube, to prevent airway obstruction, to prevent infection of trach site, and to maintain a patent airway for suctioning . 7) Wash hands prior to setting up equipment. 8) Suction the tracheostomy tube as necessary. 9)Wash hands after suction. 10) Prepare the following solutions: a. Aseptically open sterile containers. b. Aseptically open the sterile water bottle and fill the first sterile container. c. Aseptically open the sterile hydrogen peroxide bottle and fill the second sterile container. d. Recap the water bottle. Label the bottle with the date/time of opening. 11) Aseptically put on sterile gloves, goggles, and gown The facility policy did not address suctioning.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50176 Based on interview and record review the facility failed to ensure each resident's drug regimen was free from unnecessary drugs for 1 of 7 residents (Resident #6) reviewed for unnecessary drugs. The facility failed to monitor Resident #6 for adverse effects of prophylactic antibiotic use. This failure could place residents at risk of nausea, diarrhea, and secondary infection. Findings include: Record review of Resident #6's admission record, dated 01/26/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. His diagnoses included, but not limited to, cerebral infarction (a stroke occurs when blood vessels in the brain are blocked or reduced), paranoid schizophrenia (a mental health condition that affects thinking, memories, and senses, and often involves paranoia and delusions), encephalopathy (a group of disorders that affect the brain and cause altered mental state), and retention of urine. Record review of Resident #6's admission MDS, dated [DATE], reflected a BIMS score of 15, which indicated no cognitive impairment. The resident was always incontinent of bowel and bladder. Record review of Resident #6's comprehensive care plan reflected the resident was on antibiotic therapy related to Urinary Tract Infection prophylactically, initiated 07/15/2024 and revised 08/08/2024. Interventions included Give medicine per order - monitor labs, cultures - report results to M.D.; Infection Control Precautions according to facility policy; monitor intake and output per order; monitor resident for adverse reactions specific to the antibiotic medication. Record review of Resident #6's antibiotic clinical review form titled Revised Criteria for Infection Surveillance Checklist, dated 07/03/2024, under the section UTI without indwelling catheter reflected UTI criteria met. Record review of Resident #6's physician order summary dated 07/11/2024, reflected an order for Macrobid Oral Capsule 100 MG, give 1 tablet by mouth one time a day for chronic urinary tract infections with a start date of 07/12/2024 and an end date of indefinite. The order reflected an indication for use as UTI prophylaxis. There were no orders for tracking side effects of an antibiotic. Record review of Resident #6's Medication Administration Record for the months of July, August, September, October, November, and December of 2024 and January 2025, reflected he received Macrobid oral capsule 100 MG daily at 0900 (9:00AM) starting on 07/12/2024. No monitoring for antibiotics was listed. Record review of the facility's monthly infection surveillance, which listed all residents taking antibiotics, the months of August, September, October, November, and December 2024 reflected Resident #6 was not listed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's list of antibiotics dispensed between 10/30/2024 - 01/28/2025, dated 01/28/2025 reflected Resident #6 was not listed. In an interview on 01/28/2025 at 09:40 AM and 12:30 PM, the DON stated he, the infection control preventionist, the pharmacist, and the medical director all reviewed the antibiotic stewardship. The infection control preventionist had the responsibility for completing the antibiotic clinical review form and any resident on antibiotics was reviewed daily during the morning meetings to monitor for use. The DON stated he was not aware Resident #6 was on prophylactic antibiotics until 01/28/2025 when the state surveyor requested information. The DON stated Resident #6 was not on the list of residents taking antibiotics and therefore, was not reviewed or monitored during clinical review meetings. The DON stated the risk of being on antibiotics long term if not needed was increased risk of C-diff (clostridium difficile is a highly contagious bacterium that often occurred after taking antibiotics) and other antibiotic resisted infections. In an interview on 01/28/2025 at 01:20 PM, the ADON stated that she and the DON oversaw the infection control program. The ADON stated she reviewed orders and completed the forms. She was aware the nurse practitioner put Resident #6 on prophylactic antibiotics. The ADON did not know why the provider choose to put the resident on prophylactic antibiotics for such a long time and stated she, the DON, the pharmacist consultant, and the nurse practitioner should have questioned why Resident #6 was still on prophylactic antibiotics after several months. The ADON stated no residents should have been on prophylactic antibiotics indefinitely as the usual course 5, 7, or 14 days, with an end date, but not indefinitely. She stated they should have investigated sources of possible causes and implemented other interventions, which included checking resident's hydration, repeating laboratory blood work, reviewing his diet, and consulting with the medical director and other staff. The ADON stated prolonged antibiotic use could suppress the immune system or cause an infection to become resistant to other antibiotics. The ADON stated Resident #6 did not have an order for monitoring for side effects in the file and that was needed to capture any adverse side effects, and this did not meet her expectations. Attempted to interview nurse practitioner on 01/28/2025 at 02:14 PM. Called and left a message with receptionist. In an interview on 01/28/2025 at 02:34 PM, the ADM stated she expected nurses were monitoring for antibiotic stewardship. In a telephone interview on 01/28/2025 at 02:45 PM, the Pharmacist Consultant stated she was not aware Resident #6 was on prophylactic antibiotics. She stated if a resident was on antibiotics, such as Macrobid Oral Capsule 100 MG daily for UTIs, for several months, she would have made a referral/recommendation to the provider to review the medication for potential discontinuation. Record review of the facility's Infection Control policies and procedures titled Antibiotic Stewardship Program, revised 06/2019, reflected: Policy: The facility has a formal Antibiotic Stewardship Program (ASP) to optimize the treatment of infections, reduce the risk of adverse events, including the development of antibiotic-resistant organisms and employs a facility-wide system to monitor the appropriate use of antibiotics. ANTIBIOTIC STEWARDSHIP PROGRAM (ASP) CORE ELEMENTS: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Tracking: The Facility monitors at least one process measure of antibiotic use and at least one outcome from antibiotic use a. Process Measure: Medical records are reviewed when a new antibiotic is started to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices b. Outcome Measure: The Facility will measure at least one outcome-related indicator to demonstrate ASP is successful in improving patient/resident outcomes iii. Adverse drug events related to antibiotics (allergic rash, anaphylaxis, drug interaction, death) . ANTIBIOTIC STEWARDSHIP PROGRAM PROTOCOLS 2. The Facility reviews and revises the Antibiotic Stewardship Program at least annually and revises as necessary. 3. The Facility employs a system of reports and data to monitor antibiotic use and resistance data to report to Quality Assurance & Performance Improvement (QAPI) monthly, which may include: a. Summarizing antibiotic use i. Data regarding starts of antibiotic therapy ii. Days of antibiotic treatment per 1000 resident days iii. Types of antibiotics used. b. Summarizing antibiotic resistance i. Begin tracking and recording antibiotic resistance based on laboratory data to develop antibiogram. c. Tracking measures of outcome surveillance related to antibiotic use. i. Outcome Measure: The Facility will measure at least one outcome related indicator to demonstrate ASP is successful in improving patient/resident outcomes. 5. Unnecessary Testing and Antibiotics

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation, interview, and record review the facility failed to ensure that the medication error rate was not five percent or greater. The facility had a medication error rate of 9.68% based on 3 out of 31 opportunities, which involved 2 of 4 residents (Resident #17 and Resident #29) and 2 of 2 MA's (MA F and MA G) observed during medication administration reviewed for medication error. 1. The facility failed to ensure Resident #17's blood pressure medication Lisinopril and Losartan had blood pressure parameters for administration. On 01/27/2025 at 8:18 AM, MA F held the medications without physician orders. 2. The facility failed to ensure Resident #29's physician orders were followed for vitamin D tablet 50 mcg. On 01/27/2025 at 9:23 AM, MA G administered Resident #29 Vitamin D 25 mcg. These deficient practices could place residents at risk of not receiving therapeutic dosage of medications and symptomatic changes in vital signs. Findings include: 1. Record review of Resident #17 face sheet, dated 01/27/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #17 had a diagnosis which included Hypertensive heart disease with heart failure (a condition resulting from chronic high blood pressure causing heart complications.) Record review of Resident #17's quarterly MDS assessment, dated 01/11/2025, reflected Resident #17 was assessed to have a BIMS score of 15, which indicated she was cognitively intact. Record review of Resident #17's comprehensive care plan reflected a focus area, dated 08/10/2022, Resident has hypertension. Interventions included Give anti-hypertensive medications as ordered. Monitor for side effects such as orthostatic hypotension (low blood pressure upon standing) and increased heart rate. Record review of Resident #17's consolidated physician orders reflected an order, dated 08/25/2023, Lisinopril 40 mg give one tablet by mouth in the morning related to essential hypertension. Further review reflected an order for Losartan Potassium 50 mg give one tablet by mouth one time a day related to hypertension. No blood pressure parameters were noted for medication administration. Record review of Resident #17's MAR for January 2025 reflected entries for Lisinopril 40 mg give one tablet by mouth in the morning and Losartan Potassium 50 mg give one tablet by mouth one time a day. The MAR was documented on 01/27/2025 reflected held. Observation and interview on 01/27/2025 at 8:18 AM revealed MA F prepared Resident #17's medication for administration. MA F took Resident #17's blood pressure which was 80/61. MA F gave Resident #17 her medication and stated she held Resident #17's Lisinopril or Losartan because her blood pressure was low. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/27/2025 at 2:45 PM the ADON stated Resident #17's blood pressure medications Lisinopril and Losartan should have blood pressure parameters as part of the order so staff would know when the physician wanted the medications held. In an interview on 01/27/2025 at 2:50 PM, MA F stated she held Resident #17's Lisinopril and Losartan because her blood pressure was low. MA F stated she did not know each medication needed parameters to hold them. In an interview on 01/27/2025 at 2:57 PM, the DON stated it was his expectation that all blood pressure medications had parameters and expected the pharmacy consultant to check all the medications monthly to ensure all medication had parameters for administration. The DON stated the MA should not have held Resident #17's medications without a physician order or without consulting her nurse. In an interview on 01/27/2025 at 3:45 PM, the Pharmacy consultant stated all blood pressure medications should have parameters. She stated she checked all the resident's medication monthly and was not sure why Resident #17's blood pressure medications did not, but she would check on it. 2. Record review of Resident #29's face sheet, dated 01/27/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #29 had diagnoses which included schizophrenia (a chronic mental disorder characterized by symptoms such as hallucinations, delusions, and cognitive challenges.) and vitamin D deficiency. Record review of Resident #29's quarterly MDS, dated [DATE], reflected Resident #29 was assessed to have a BIMS score of 5, which indicated moderate cognitive impairment. Resident #29 was assessed to require set up to supervision with ADLs. Record review of Resident #29's consolidated physician orders reflected an order, dated 10/24/2024, vitamin D oral tablet 50 mcg give one tablet by mouth one time daily. Observation on 01/27/2025 at 9:23 AM revealed MA G prepared Resident #29's medication she pulled out a bottle of vitamin D3 25 mcg and placed one tab in the medication cup. MA G after gathering all of Resident #29's medications administered the medications to Resident #29. In an interview on 01/27/2025 at 3:14 PM, MA G pulled the vitamin D bottle out of her cart and showed it to the State Surveyor it was vitamin D3 25 mcg. MA G stated she only gave one tablet. She stated she thought it was the same as the order, then stated she should have given two to equal 50 mcg. In an interview on 01/28/2025 at 2:25 PM, the DON stated it was his expectation that staff gave residents their medications per MD orders and they followed medication parameters. He stated the failure of staff to do so could cause negative outcomes in residents such as blood pressure drops, or heart rate changes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility's policy Medication administration and management, dated 06/2019, reflected It is the policy of this facility that the facility will implement a Medication Management Program that incorporates systems with established goals to meet each resident's needs as well as regulatory requirements . M. Authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff must understand: A. Indications/Reasons for therapy. B. Effectiveness of the therapeutic goal. C. Drug actions. D. The '8 Rights' for administering medication: 1) The Right Patient/Resident 2) The Right Drug 3) The Right Dose 4) The Right Time 5) The Right Route 6) The Right Charting 7)The Right Results 8) The Right Reason . The contract pharmacy is responsible for providing additional drug therapy information

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0812

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.

40884

Based on observation, interview, and record review, the facility failed to store, prepare, distribute food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation.

1. The facility failed to ensure Dietary Aide M wore a beard guard and Dietary Aide O wore a hair net when standing over the food prep table, clean dishes, and plates of food.

2. The facility failed to ensure Dietary Aide M used proper hand sanitation during food preparation for the lunch meal.

These failures could place residents at risk for foodborne illness.

Findings include:

1. Observation on 01/26/2025 at 9:15 AM revealed Dietary Aide O stood over the food prep table and clean dishes and did not wear a hair net .

Observation on 01/26/2025 at 12:15 PM revealed Dietary Aide M was not wearing a beard guard and was standing over the plates of food being placed on the meal trays. He had approximately 8 inches of hair growth on the area of his chin and partial both jaws

Interview on 01/26/2025 at 9:20 AM, Dietary Aide O stated she was expected to wear a hair net when she was in the kitchen. She stated there was a possibility hair may fall onto the clean dishes and the food prep table. Dietary Aide O stated if a hair was on a clean plate and food was placed on the plate for a resident's meal, there was a possibility a resident may swallow the hair and become ill with stomach issues such as vomiting. She stated hair was considered contaminated with bacteria. Dietary Aide O stated she was in serviced on wearing hair nets. She stated she did not remember the date of the in-service.

Interview on 01/26/2025 at 12:20 PM, Dietary Aide M stated he was not wearing a beard guard. Dietary Aide M stated he did not know if there were beard guards in the kitchen. He stated there was a potential hair may fall from his face onto the food he was placing on the meal trays. Dietary Aide M stated if there was hair on the food a resident may become physically ill with stomach issues. He stated hair was considered contaminated. Dietary Aide M stated he was trained to wear beard guards and hair nets when in the kitchen. He did not recall the date or time of the in-service. Dietary Manager stated there were beard nets in the kitchen.

Record review of the facility's policy of Employee Sanitation, dated 12/01/2011, reflected hair restraints, such as hats, hair coverings or nets, caps and beard/moustache restraints or other effective hair restraints are worn to keep hair from contacting food and food -contact surfaces .

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Observation on 01/26/2025 at 12:10 PM, Dietary Aide O wore gloves when he opened the kitchen door using the doorknob. He walked over to the meal trays and began to pick up silverware wrapped in a napkin. Dietary Aide O touched the outside of the napkins and touched inside the plates of food. Dietary Aide O removed the gloves and donned new gloves on without washing his hands. Dietary Aide O exited from this area and entered the area where the kitchen door was located and opened the kitchen door using the doorknob. He exited from the area of the kitchen where the door was located and entered another area of the kitchen where the lids for the plates of food were located. He touched his shirt and the inside of three lids. He began placing plates of food on the meal tray and did not change his gloves. Interview on 01/26/2025 at 12:25 PM, Dietary Aide O stated he did not change his gloves and he did open the door with the doorknob, touched the napkins, touched inside the covers, and touched his gloves. He stated he was expected to remove the gloves from his hands immediately, wash his hands before placing new gloves on his hands . Interview on 01/28/2025 at 1:00 PM, Dietary Manager stated all staff were expected to wear hair nets and beard guards in the kitchen. She stated there was a possibility hair may fall on the food, the food preparation table, and clean dishes. She stated if hair was on the food or plate and a resident ingested the hair, there was a potential a resident may become ill with some type of stomach illness. She stated there was bacteria on people's hair and hair was considered contaminated. The Dietary Manager stated all staff were required to change gloves between tasks and whenever they touched their clothes or the doorknob on the kitchen door. She stated the doorknob was considered contaminated. She stated when staff removed gloves the staff were expected to wash their hands with soap and water prior to placing new gloves on their hands. The Dietary Manager stated food may become cross contaminated if there was bacteria on the gloves and the staff touched plates, food , plate covers and/or napkins. She stated it was a possibility a resident may become ill with stomach issues such as vomiting if they ingested bacteria transferred from staff's contaminated gloves onto their food or napkins. Interview on 01/28/2025, the Administrator stated anyone who entered the kitchen, which included visitors, were expected to wear a hair net. She stated if the visitor was a male and had a beard, he was expected to wear a beard net. She stated hair was considered contaminated. The Administrator also stated if a resident ingested the hair the resident may become sick with some type of stomach issue. She stated the Dietary Manager was responsible to monitor the kitchen and she was over the Dietary Manager. The Administrator also stated she expected the dietary staff to change their gloves in between tasks or when they touched any contaminated item. She. stated the staff was expected to wash hands prior to placing gloves on their hands. The Administrator stated if the staff were not changing their gloves after touching contaminated items there was a potential the food, silverware, or dishes may become cross contaminated with bacteria on the gloves. She stated a resident had a potential of becoming ill. The Administrator stated without knowing the type of bacteria it would be difficult to determine what type of illness. Record review of the facility's policy on Hand Washing, dated 06/2019, reflected hand hygiene was the most important component for preventing the spread of infection. Proper hand washing technique will be used when hand washing was indicated. Employees keep their hands and exposed portions of arms clean. Before putting on gloves, when changing into a fresh pair of gloves, and immediately after removing gloves .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 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 three of 16 residents reviewed for infection control practices. 1. The facility failed to ensure RN A used aseptic technique during tracheotomy suctioning and tracheotomy care for Resident #54 on 01/27/2025. 2. The facility failed to ensure RN A performed hand hygiene between glove changes during wound care for Resident #54. 3. The facility failed to ensure RN A performed wound care for Resident #54 using a sterile technique. 4. MA G failed to sanitize the blood pressure cuff during medication pass after using it on Resident #29. These failures could place residents at risk for developing wounds, upper respiratory infections and risk for healthcare associated cross-contamination and infections. Findings include: 1. Record review of Resident #54's face sheet, dated 01/28/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #54 had diagnoses which included paraplegia (is an impairment in motor or sensory function of the lower extremities.), respiratory failure (happens when something keeps your body from getting oxygen into your blood or getting carbon dioxide out of your blood.) and anoxic brain damage (is damage to the brain due to a lack of oxygen supply). Record review of Resident #54's quarterly MDS assessment, dated 11/07/2024, reflected no BIMS score was conducted. Resident #54 was assessed to be in a persistent vegetative state (may be some level of wakefulness without meaningful awareness or responsiveness.) Resident #54 was assessed to have a tracheostomy and required suctioning and tracheostomy care. Resident #54 was assessed to be at risk for pressure ulcers to and to have four stage four pressure ulcers. Record review of Resident #54's comprehensive care plan reflected a focus area, dated 11/21/2023, Resident has a tracheostomy. Interventions included Trach care and suctioning every shift. Further review of Resident #54's comprehensive care plan reflected a focus area, dated 08/09/2024, Resident has pressure injuries and is at risk for further skin breakdown and infection (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 01/27/2025 at 10:30 AM revealed RN A in Resident #54's room to preform tracheostomy care. RN A placed her trach care supplies on Resident #54's overbed table without cleaning and only cleared half the table. The other half of the table contained his TV remote, mail, juice bottle and a box of tissue. RN A donned gloves without hand hygiene she opened the kit and removed the sterile drape (used to place on resident) and placed it on the table without hand hygiene she then donned her sterile gloves and placed an unclean bottle of sterile water on her field. RN A then used the sterile gloves to remove the old inner cannula and dressing (contaminating her sterile gloves) without changing gloves she placed a new inner cannula into his trach. (RN A performed no suctioning) RN A then poured the sterile water onto 4x4's that were on the drape using the same gloves she cleaned around the trach and change the tie without changing gloves. RN A then placed all the used dressing supplies into the biohazard bag which was on the floor. Resident #54 was coughing so RN A retrieved a suction kit. Without hand hygiene she donned the sterile gloves from the suction kit. With the sterile gloves she touched the suction machine and suction tubing with both her hands contaminating her gloves. RN A touched the container for the sterile water (which was unsterile) and poured the sterile water into the suction kit container. RN A then suctioned Resident #54. In an interview on 01/27/2025 at 2:00 PM RN A stated it was the facility's policy to sanitize your hands between gloves changes. She stated she might have missed sanitizing her hands a few times during the procedure. RN A further stated she was supposed to wash her hands between procedures. She stated since there was not a sink or bathroom in room it was hard to do. She stated she should have maintained the sterile field and not used her sterile gloves to remove the old inner cannula or trach sponge to prevent the spread of infection. She further stated during suctioning she should not have touch the suction tubing with contaminated unsterile gloves. In an interview on 01/28/2025 at 2:25 PM the DON stated he expected nurses to keep sterile technique during tracheostomy care and suctioning. He stated the nurse should clean the whole table, sanitize between glove changes and wash hands between sites and areas trach, catheter, wounds etc. He stated failure to do so could lead to respiratory infections. Review of the facility's policy Tracheostomy Care dated 06/2019 reflected It is the policy of this facility that Tracheostomy care is performed aseptically for cleaning of the tracheostomy tube and stoma site, to prevent plugging of the tracheostomy tube, to prevent airway obstruction, to prevent infection of trach site, and to maintain a patent airway for suctioning . 7) Wash hands prior to setting up equipment. 8) Suction the tracheostomy tube as necessary. 9)Wash hands after suction. 10) Prepare the following solutions: a. Aseptically open sterile containers. b. Aseptically open the sterile water bottle and fill the first sterile container. c. Aseptically open the sterile hydrogen peroxide bottle and fill the second sterile container. d. Recap the water bottle. Label the bottle with the date/time of opening. 11) Aseptically put on sterile gloves, goggles, and gown Review of the facility policy reflected it did not address suctioning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Observation on 01/27/2025 at 11:28 AM revealed RN A in Resident #54's room to provide wound care. RN A removed dressings from both the right and left foot changed gloves, no hand hygiene, cleaned left heel pressure ulcer by swiping across the area then going around and dabbing over the already cleaned wound. She repeated the same cleaning technique on the right heel. RN A performed no hand hygiene between glove changes and did not wash hands between pressure ulcer sites. RN A removed dressings to the coccyx and right and left ischial pressure ulcers. After removing the dressings, she placed them in the biohazard bag on the floor. She changed her gloves without hand hygiene. RN A while performing the dressing change to Resident #54's right ischial wound she placed the clean dressing on the bed. While RN A cleaned the pressure ulcer, the dressing got stuck to her shirt and drug the clean side across the bed. RN A reached and grabbed the dressing and placed it on Resident #54's right ischial pressure ulcer. In an interview on 01/27/2025 at 2:00 PM, RN A stated it was the facility's policy to sanitize your hands between gloves changes she stated she did miss sometimes. She further stated she was supposed to wash her hands between procedures and every third time you changed gloves and sanitized, you should wash your hands. She stated since there was no sink or bathroom in the room that was hard to do. RN A stated she should not have placed the dressing on the bed because it could cause cross contamination and infection. She stated when cleaning a wound, you should go from the inside of the wound outward. She stated she should not have gone back and padded the wound when she was done cleaning since the gauze was contaminated. In an interview on 01/28/2024 at 2:25 PM, the DON stated nurses needed to follow protocol to prevent cross contamination, clean surfaces, clean wounds inside out, not cross or go back over the open wound. The DON stated he expected the nurse to sanitize their hands between glove changes and to wash their hands between different procedures or wound sites. He stated there was a bathroom across the hall RN A could have doffed and went to wash her hands. The DON stated dressings should remain on the clean field until ready to apply to the resident. Record review of the facility's policy Dressing Change Wound, dated 06/2019, reflected It is the policy of this facility that dressing changes will follow specific manufacture's guidelines and general infection control principles. (Wash hands before and after donning gloves) Record review of the facility's policy Hand hygiene, dated 06/2019, reflected It is the policy of this facility that proper hand hygiene/hand washing technique will be accomplished at all times that handwashing is indicated. Hand Hygiene/Hand washing is the most important component for preventing the spread of infection . Hand hygiene/hand washing is done: Before: A. Before patient/resident contact . After contact with soiled or contaminated articles, such as articles that are contaminated with body fluids. After patient/resident contact. After contact with a contaminated object or source where there is a concentration of microorganisms, such as, mucous membranes, non-intact skin, body fluids or wounds . Wash hands at end of procedures where glove changes are not required. For procedures in which change of gloves ., clean gloves to sterile gloves, is indicated follow the specific standard of practice. However, hand washing may not be necessary until completion of the procedure. If glove hands become contaminated as gloves are changed hands can be washed. Contact with a patient's/resident's intact skin (e.g. taking a pulse or blood pressure, performing physical examinations, lifting the patient/resident in bed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Record review of Resident #29's face sheet, dated 01/27/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #29 had diagnoses which included schizophrenia (a chronic mental disorder characterized by symptoms such as hallucinations, delusions, and cognitive challenges.) and vitamin D deficiency. Record review of Resident #16's face sheet, dated 01/27/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #16 had diagnoses which included bipolar disorder (A serious mental illness characterized by extreme mood swings. They can include extreme excitement episodes or extreme depressive feelings.) and schizophrenia (a chronic mental disorder characterized by symptoms such as hallucinations, delusions, and cognitive challenges.) Observation on 01/27/2025 at 8:40 AM revealed MA G prepared medications for Resident #29, she took Resident #29's blood pressure and placed the cuff on her medication cart without cleaning it. MA G then went to Resident #16 to prepare her medication. MA G took Resident #16's blood pressure without cleaning the blood pressure cuff. MA G after taking the blood pressure set the blood pressure cuff on her medication cart. In an interview on 01/27/2025 at 8:45, MA G stated she did not clean the blood pressure cuff after she used it. She stated by not cleaning the cuff it could cause germs to pass from one resident to another. MA G stated she was supposed to use a santi cloth wipe to clean the cuff between residents. In an interview on 01/28/2025 at 2:25 PM, the DON stated all resident equipment should be sanitized between residents to prevent cross contamination and the spread of infection. Record review of the facility's infection control program policy, dated 06/2019, reflected To provide a healthy living environment with respect for the health and well-being of each resident, staff member and visitor. It is also the objective of this policy to develop and maintain a written plan for infection prevention and control. The plan will be implemented and enforced through the Infection Control Program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50176 Based on interview and record review the facility failed to establish an infection prevention and control program (IPCP) that included, at a minimum, an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for 1 of 5 residents (Resident #6) reviewed for antibiotic stewardship program. The facility failed to follow antibiotic stewardship policy for Resident #6 by not ensuring a duration for medication. This deficient practice could place residents at risk for unnecessary antibiotic use, inappropriate antibiotic use and increased multi drug resistant organisms. Findings include: Record review of Resident #6's admission record, dated 01/26/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. His diagnoses included, but not limited to, cerebral infarction (a stroke occurs when blood vessels in the brain are blocked or reduced), paranoid schizophrenia (a mental health condition that affects thinking, memories, and senses, and often involves paranoia and delusions), encephalopathy (a group of disorders that affect the brain and cause altered mental state), and retention of urine. Record review of Resident #6's admission MDS, dated [DATE], reflected a BIMS score of 15, which indicated no cognitive impairment. Resident was always incontinent of bowel and bladder. Record review of Resident #6's comprehensive care plan reflected the resident was on antibiotic therapy related to Urinary Tract Infection prophylactically, initiated 07/15/2024 and revised 08/08/2024. Interventions included Give medicine per order - monitor labs, cultures - report results to M.D.; Infection Control Precautions according to facility policy; monitor intake and output per order; monitor resident for adverse reactions specific to the antibiotic medication. Record review of Resident #6's antibiotic clinical review form, titled Revised Criteria for Infection Surveillance Checklist, dated 07/03/2024, under the section UTI without indwelling catheter reflected UTI criteria met. Record review of Resident #6's physician order summary dated 07/11/2024, reflected an order for Macrobid Oral Capsule 100 MG, give 1 tablet by mouth one time a day for chronic urinary tract infections with a start date of 07/12/2024 and an end date of indefinite. The order reflected an indication for use as UTI prophylaxis. There were no orders for tracking side effects of an antibiotic. Record review of Resident #6's Medication Administration Record for the months of July, August, September, October, November and December of 2024 and January 2025, reflected he received Macrobid oral capsule 100 MG daily at 0900 (9:00AM) starting on 07/12/2024. No monitoring for antibiotics was listed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER: Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE: 507 West Ave, Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Consultant Pharmacist's Medication Regimen Review for Resident #6, dated 08/27/2024, 09/23/2024, 10/26/2024, 11/19/2024 and 12/18/2024, reflected no recommendations by the consultant pharmacist to amend the resident's antibiotic order. Record review of the facility's monthly infection surveillance, which listed all residents taking antibiotics, the months of August, September, October, November, and December 2024 reflected Resident #6's name was not on the list. Record review of the facility's list of antibiotics dispensed between 10/30/2024 - 01/28/2025, dated 01/28/2025 reflected Resident #6 was not on the list. In an interview on 01/28/2025 at 09:40 AM and 12:30 PM, the DON stated he, the infection control preventionist, the pharmacist, and the medical director all reviewed the antibiotic stewardship. The ADON had the responsibility for completing the antibiotic clinical review form and any resident on antibiotics was reviewed daily during the morning meetings to monitor for use. The DON stated he was not aware Resident #6 was on prophylactic antibiotics until 01/28/2025 when the state surveyor requested information. The DON stated Resident #6 was not on the list of residents taking antibiotics and therefore, was not reviewed for efficiency or caught on clinical review meetings. The DON stated all antibiotic orders should list an actual end date and it would not meet his expectation that Resident #6 had an order for antibiotic with an end date of indefinite. It would be his expectation the pharmacist and the infection control prevention nurse would have caught this. The DON stated the risk of being on antibiotics long term if not needed was increased risk of C-diff (clostridium difficile is a highly contagious bacterium that often occurred after taking antibiotics) and other antibiotic resisted infections. In an interview on 01/28/2025 at 01:20 PM, the ADON stated she and the DON oversaw the infection control program. The ADON stated she reviewed orders and completed the forms. She was aware the nurse practitioner put Resident #6 on prophylactic antibiotics. The ADON could not say what the facility's policy was since Resident #6 was on the only resident on prophylactic antibiotics, which was unusual. The ADON stated usually, the facility would contact the family to discuss the risks and benefits, which was not done for Resident #6. The ADON did not know why the provider choose to put the resident on prophylactic antibiotics for such a long time and stated she, the DON, the pharmacist consultant, and the nurse practitioner should have questioned why Resident #6 was still on prophylactic antibiotics after several months. The ADON stated prolonged antibiotic use could suppress the immune system or cause an infection to become resistant to other antibiotics. The ADON was aware residents were not supposed to take antibiotic prophylactically per the CDC guidelines and Resident #6 being on prophylactic antibiotics for so long was unusual. The ADON stated no residents should have been on prophylactic antibiotics indefinitely as the usual course was 5, 7 or 14 days, with an end date, but not indefinitely. The ADON stated she should have investigated sources of possible causes and implemented other interventions. The ADON stated Resident #6 did not have an order for monitoring for side effect in the file and that was needed to capture any adverse side effects, and this did not meet her expectations. Attempted to interview the nurse practitioner on 01/28/2025 at 02:14 PM. Called and left a message with receptionist. In an interview on 01/28/2025 at 02:34 PM, the ADM stated she expected the DON and ADON were monitoring for antibiotic stewardship. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a telephone interview on 01/28/2025 at 02:45 PM, the pharmacist consultant stated she could not recall if Resident #6 was on antibiotics, but she was at the facility on 01/27/2025 and she reviewed orders for antibiotics and any other daily/routine medications. Her recommendations would be reflected in the MRR. She was not aware Resident #6 was on prophylactic antibiotics. She stated if a resident was on antibiotics, such as Macrobid Oral Capsule 100 MG daily for UTIs, for several months, she would have made a referral/recommendation to the provider to review the medication for potential discontinuation. Record review of the facility's Infection Control policies and procedures titled Antibiotic Stewardship Program, revised 06/2019, reflected: Policy: The facility has a formal Antibiotic Stewardship Program (ASP) to optimize the treatment of infections, reduce the risk of adverse events, including the development of antibiotic-resistant organisms and employs a facility-wide system to monitor the appropriate use of antibiotics . ANTIBIOTIC STEWARDSHIP PROGRAM (ASP) CORE ELEMENTS: 5. Tracking: The Facility monitors at least one process measure of antibiotic use and at least one outcome from antibiotic use a. Process Measure: Medical records are reviewed when a new antibiotic is started to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices b. Outcome Measure: The Facility will measure at least one outcome-related indicator to demonstrate ASP is successful in improving patient/resident outcomes iii. Adverse drug events related to antibiotics (allergic rash, anaphylaxis, drug interaction, death) 7. Reporting: The Facility Infection Prevention and Control Program Committee provides regular feedback on antibiotic use and resistance to prescribing clinicians, nursing and other pertinent staff, as trends are identified through data monitoring and tracking. 7. Resources and education are provided to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use a. Residents and family members are provided with written education materials appropriate and understandable to lay-persons regarding antibiotic use and stewardship upon admission and as necessary ANTIBIOTIC STEWARDSHIP TEAM: The Facility has an Antibiotic Stewardship Team to implement and direct the Core Elements of the ASP . ANTIBIOTIC STEWARDSHIP PROGRAM PROTOCOLS (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The Facility reviews and revises the Antibiotic Stewardship Program at least annually and revises as necessary. 3. The Facility employs a system of reports and data to monitor antibiotic use and resistance data to report to Quality Assurance & Performance Improvement (QAPI) monthly, which may include: a. Summarizing antibiotic use i. Data regarding starts of antibiotic therapy ii. Days of antibiotic treatment per 1000 resident days iii. Types of antibiotics used b. Summarizing antibiotic resistance i. Begin tracking and recording antibiotic resistance based on laboratory data to develop antibiogram c. Tracking measures of outcome surveillance related to antibiotic use i. Outcome Measure: The Facility will measure at least one outcome related indicator to demonstrate ASP is successful in improving patient/resident outcomes 5. Unnecessary Testing and Antibiotics d. Facility provides education to residents and family regarding appropriate use of antibiotics and methodologies employed to eliminate unnecessary urine testing and inappropriate antibiotic use e. Facility provides education to nursing staff on the use of the Suspected Infection SBARs and methodologies employed to eliminate testing and inappropriate antibiotic use f. Facility provides education to providers on the use of the SBAR and methodologies employed to eliminate unnecessary testing and inappropriate antibiotic use 6. Antibiotic Protocols: The Facility uses an evidence-based approach to antibiotic protocols for recommendations to licensed independent practitioners a. Minimum criteria for three (3) common infections (Agency for Healthcare Research & Quality -AHRQ) i. Urinary tract infections

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452 Based on observation and interview and record review the facility failed to provide bedrooms that measured at least 80 square feet per resident in multiple resident bedrooms and at least 100 square feet in single resident rooms for 7 of 50 resident rooms (Rooms 21, 23, 24, 25, 26, 27 and 35) reviewed for room size variance. The facility failed to ensure resident bedrooms rooms 21, 23, 24, 25, 26, 27 and 35 measured at least 80 square feet per resident. This failure could place residents at risk of having the restricted amount of resident care equipment and residents' personal effects that could be accommodated in these resident rooms, limit the ability of the residents to move about the room, and decrease the residents' quality of life. The findings include: Observation on 01/27/2025 at 9:30 AM revealed the following measurements of resident room dimensions for the room size waiver: 1. room [ROOM NUMBER] (2-person room - 1 residents in room) - 145.69 sq ft. / 2 res = 72.84 sq ft./res. 2. room [ROOM NUMBER] (2-person room -2 residents in room) - 146.79 sq ft. / 2 res = 73.35 sq ft./res. 3. room [ROOM NUMBER] (2-person room - 2 residents in room) - 150.86 sq ft. / 2 res = 75.43 sq ft./res. 4. room [ROOM NUMBER] (2-person room -2 residents in room) - 150.50 sq ft. / 2 res = 75.25 sq ft./res. 5. room [ROOM NUMBER] (2-person room - 1 residents in room) - 149.78 sq ft. / 2 res = 74.89 sq ft./res. 6. room [ROOM NUMBER] (2-person room - 2 residents in room) - 150.80 sq ft. / 2 res = 75.40 sq ft./res. 7. room [ROOM NUMBER] (3-person room - 2 residents in room) - 219.18 sq ft. / 3 res = 73.06 sq ft./res. During an interview with the Administrator on 01/27/2025 at 4:00 PM, the Administrator stated the dimensions for Rooms 21, 23, 24, 25, 26, 27 and 35 had less than the 80 square feet per resident in the rooms. The Administrator further stated the facility would like to continue with the room size waiver for the aforementioned resident rooms and would provide the state surveyor with the waiver. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Record review of the room roster provided by the facility on 01/27/2025 revealed 10 residents lived in Rooms 21, 23, 24, 25, 26, 27, and 35.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675971	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 507 West Ave Schulenburg, TX 78956	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 Based on observation, interview and record review the facility failed to ensure each resident bedside and 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 1 of 13 residents (Resident #58) reviewed for resident call system . The facility failed to provide a working communication system, that was easily at reach, that would allow Resident #58 the ability to safely call for staff for assistance. 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. The findings include: Record review of Resident #58's Face Sheet, dated 01/28/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #58 had diagnoses which included type 2 diabetes mellitus (metabolic disorder in which the body has high sugar levels for prolonged periods of time) with diabetic chronic kidney disease, methicillin resistant staphylococcus aureus (infections caused by specific bacteria that are resistant to commonly used antibiotics) infection as the cause of diseases classified elsewhere, chronic gout (type of arthritis that causes inflammation of joints due to excess uric acid) due to renal impairment-multiple sites-with tophus, morbid (severe) obesity due to excessive calories, and major depressive disorder (mood disorder that causes persistent feelings of sadness and loss of interest)-recurrent. Record review of Resident #58's Significant Change MDS Assessment, dated 12/13/2024 , reflected a BIMS score of 12, which indicated moderate cognitive impairment. Section GG Functional abilities reflected toileting and shower/bathing to be Dependent-Helper does all of the effort. Oral hygiene, upper and lower body dressing, footwear, and personal hygiene (which includes combing hair, shaving, and washing/drying face and hands) was marked as Substantial/ maximal assistance- Helper does more than half the effort. Record review of Resident #58's Care Plan, last revised 01/14/2025, reflected a focus on bowel incontinence with intervention check resident every two hours and assist with toileting as needed as well as a focus on resident has acute pain r/t wounds with intervention the resident is able to call for assistance when in pain. An observation and interview on 01/26/2025 at 10:17 AM revealed Resident #58 was observed in his room, the call light which was a yellow string attached to a small pull lever directly behind the head of the bed was observed not in reach of the resident. Resident #58 stated that if he needed any assistance, he would have to use the call light to call for help. Resident #58 stated he could not reach his call light . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675971	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation and interview on 01/27/2025 at 10:50 AM in Resident #58's room revealed the call light was observed not in reach of the resident. The call light which was a yellow string attached to a pull lever on the wall directly behind the head of the bed was observed dangling against the wall. Resident #58 was asked if he could reach the call light and was observed attempting to stretch his arm behind and over him but was unable to reach the call light string. Resident #58 then stated no he could not reach it. Resident #58 stated if he needed help with something he would have to wait for staff to check on him. An observation and interview on 01/28/2025 at 9:59 AM with CNA H in the hall near Resident #58's room, CNA H stated call lights were supposed to be within reach of all residents. CNA H stated the expectation was for call lights to be in reach because that was how they called for assistance. CNA H stated Resident #58 depended on staff for assistance and was unable to get himself out of bed due to his condition and weight/size. CNA H stated if Resident #58 needed to get out of bed he would require a mechanical lift lift with 2-person assistance, and required assistance with grooming, bathing, and other ADLs. CNA H then stated she would have to go back and make sure his call light was in reach due to recently providing care to Resident #58. CNA H was then observed checking on Resident #58 and putting his call light in reach by clipping it to the resident's bed sheets which was not in reach prior to her entering the room. In an interview on 01/28/2025 at 1:16 PM with the DON, he stated it was his expectation the call lights were always in reach of the residents and in functioning order for residents to be able to call for help. The DON stated when the call light string was pulled it transmitted a signal to both the nurses' station and the alarm system and it was his expectation not just nursing staff, but anyone who heard or saw a call light going off answered it and assisted the resident. The DON stated a negative outcome of not having a call light in reach could result in delay in care, an immediate need, or life-threatening situation not addressed. In an interview on 01/28/2025 at 1:43 PM with the Administrator, she stated it was her expectation call lights were in reach and staff answered it as soon as possible. The Administrator stated anyone could answer a call light and if the resident needed something that person could not assist with, they should call someone else immediately. The Administrator stated it was her expectation call lights were placed in reach of the residents with the strings either clipped to the pillow or blanket when the resident was in bed. She stated a negative outcome of not having a call light in reach was the resident could fall or there could be something else going on and the resident would not be able to call for help. Record review of the facility's Call Lights policy, last revised 12/2023, reflected: Policy: The facility will provide a call light system that is accessible, functional, and responsive to meet the needs of the residents. Accessibility: Call lights will be placed within reach of the residents' bed or sitting area in the residents' room.