STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676023	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keller Oaks Healthcare Center	8703 Davis Blvd Keller, TX 76248

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48177 Based on observation, interview and record review, the facility failed to ensure the residents received services in the facility with reasonable accommodation of each resident's needs for 4 of 7 (Residents #1, #2, #3, and #4) reviewed for accommodation of needs in that: The facility failed to ensure Resident #1, #2, #3, and #4's call lights were within reach of the Resident. This failure could affect all residents who needed assistance and could result in their needs not being met. Findings included: Record review of Resident #1's face sheet, dated 4-23-2024, indicated an [AGE] year-old-female admitted to the facility on [DATE]. Resident #1 had a primary diagnosis of psychotic disturbance, mood disturbance, and anxiety and secondary diagnosis of muscle weakness, abnormalities of gait and mobility, and need for assistance with personal care. Record review of Resident #1's MDS assessment, dated 10-1-2023, revealed a BIMS score of 7 indicating severe cognitive impairment. Resident #1's MDS further revealed Resident #1 had Urinary incontinence occasionally and bowel incontinence frequently. Record review of Resident #1's care plan, dated 7-24-2023, indicated Resident #1 is at risk for falls with a history for falling stating Be sure the call light is within reach and encourage to use it to call for assistance as needed. In an observation/interview on 4-23-2024, at 1:00 PM, Resident #1's call light was on the floor against the wall the headboard was against, out of reach of the resident. Resident #1 was observed sitting on her bed. Resident #1 stated she did not know where her call light was and needed help showering. Record review of Resident #2's face sheet, dated 4-23-2024, indicated a [AGE] year-old-female admitted to the facility on [DATE]. Resident #2 had a primary diagnosis of chronic atrial fibrillation (type of heart arrhythmia, lasting more than one week, that causes the top chambers of your heart, the atria, to quiver and beat irregularly) with secondary diagnosis of difficulty walking, abnormalities of gait and mobility, and bed confinement status. (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record Review of Resident #2's MDS, dated [DATE], revealed a BIMS score of 12, indicating moderate cognitive impairment. Resident #2's MDS further revealed Resident #2 had total dependence with bathing, occasional urinary incontinence, and frequent bowel incontinence. Record review of Resident #2's care plan, dated 4-10-2023, indicated Resident #2 had an ADL self-care deficit in bed mobility, transfers, eating, dressing, grooming, and hygiene stating Encourage to use bell to call for assistance. Resident #2's care plan further stated Resident #2 had an actual fall on 7-28-2023 and stated 7/28/23 educated on using call light Date Initiated: 07/31/2023. In an observation/interview on 4-23-2024, at 1:10 PM, revealed Resident #2 laying in her bed with her call light out of reach, hanging 1 inch above the floor, next to the wall. Resident #2 spoke in a very soft voice to the point; that one needed to get within 2 feet of the Resident's mouth to hear her. Resident #2 stated she did not know where her call light was, and she used it. Record review of Resident #3's face sheet, dated 4-23-2024, indicated a [AGE] year-old female admitted to the facility on [DATE]. Resident #3 had a primary diagnosis of Alzheimer's disease, history of falling, chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems), and orthopedic joint implants. Record review of Resident #3's MDS, dated [DATE], indicated a BIMS score of 00 indicating severe cognitive impairment. Resident #3's MDS further indicated Resident #3 ambulated in a wheelchair and was always urinary incontinent and always bowel incontinent. In an observation/interview on 4-23-2024, at 1:50 PM, revealed Resident #3 lying on her bed with her call light out of reach, underneath her bed. Resident #3 had a communication challenge but stated she needed her call light. Record review of Resident #4's face sheet, dated 4-23-2024, indicated an [AGE] year-old female admitted to the facility on [DATE]. Resident #4 had a primary diagnosis of dementia without behavioral disturbance, congestive heart failure, osteoarthritis of hip, and lack of coordination. Record review of Resident #4's MDS, dated [DATE], indicated a BIMS score of 02, indicating severe cognitive impairment. Resident #4's MDS further indicated the need for extensive assistance for bed mobility, movement in her bedroom, dressing, personal hygiene, and toilet use. Record review of Resident #4's care plan, dated 8-13-2023, revealed Resident #4 had an injury of an unknown origin related to osteoarthritis (degeneration of joint cartilage and the underlying bone) and osteopenia (lower than normal bone mass) with fracture to left fifth digit stating that facility staff need to Be sure call light is within reach and respond promptly to all requests for assistance. Resident #4's care plan further stated Resident #4 is bilingual and at times is at risk for a communication barrier as her dementia will cause her to speak in Spanish and staff should ensure/provide a safe environment, call light in reach, adequate low glare light, bed in lowest position, wheels locked, and avoid isolation. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation/interview on 4-23-2024, at 1:55 PM, revealed Resident #4 did not speak English and did not respond to my questions. Resident #4 was lying in her bed and her call light was not in reach touching the floor. In an interview with CNA/CMA A, on 4-23-2024, at 2:05 PM, it was revealed that when call lights were not within reach of residents, there was a risk they could fall and get hurt. In an interview with LVN A, on 4-23-2024, at 2:48 PM, it was disclosed that she worked the 200-hall area and expected her CNAs to make rounds every two hours; making sure call lights were within reach. LVN A stated the risk to residents who could not reach their call light was a high risk and they may not get the care they need. In an interview with the DON, on 4-23-2024, at 4:20 PM, it was revealed that the risk to residents not having their call lights within reach was the residents might not get the help or care they needed. The DON stated that the facility needed to anticipate the needs of residents who unclipped their call lights and let them drop to the ground. In an interview with the Administrator, on 4-23-2024, at 5:22 PM, revealed that her expectations were for call lights to be within reach and for staff to make rounds ensuring they are in place. The Administrator stated the nurses were responsible to ensure the CNAs placed the call lights within reach of the residents. The Administrator stated the risk, to the residents, of call lights not being within reach, was their needs might not be met. Record review of the facility's call light policy, dated August 2020, stated: It is the policy of this facility to provide the resident a means of communication with nursing staff by .Place the call device within resident's reach before leaving room .