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	05/19/2026

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 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** Based on observation, interview, and record review the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for 1 (Resident#1) of 4 residents reviewed for ADLs. The facility failed to ensure Resident#1 had her fingernail cleaned and trimmed on 05/19/26.This failure could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections, and a decreased quality of life. A record review of Resident #1's quarter MDS assessment dated [DATE] reflected Resident #1 was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the diagnosis of: Muscle Weakness (Generalized) and Need For Assistance With Personal Care. The review further reflected the resident was dependent with ADL's (activity of daily living). A record review of Resident #1's Comprehensive Care Plan dated 05/08/26 reflected Focus: I have a potential ADL Self Care Performance Deficit r/t impaired thought process. Goal: Will safely perform.Personal Hygiene with limited assistance x1 person through the review date. Interventions: Encourage to discuss feelings about self-care deficit. An observation and interview on 05/19/26 at 09:50 AM revealed Resident #1 was up in wheelchair in the TV area. Resident#1 both hands were severely contracted with supportive devices (Contracted hands sponge pads). Resident#1 had a long fingernail approximately 0.6 cm on both hands, with a brown matter underneath the left-hand thump. Resident#1 was asked if she want her fingernail trimmed and cleaned, she nodded with her head yes gesture with a smile. In an observation and interview on 05/19/26 at 09:55 AM CNA A physically assessed Resident#1's fingernails and stated needed trimming and the left thump needed to be cleaning due to brown matter underneath. CNA A stated that nail care for the resident was performed by CNAs on shower days and it was the responsibility of the nurses and CNAs to ensure resident's nails kept clean and trimmed to prevent infection, and skin injury through scratching. CNA A stated the risk to Resident#1 could be infection development, skin integrity, and dignity issue. An interview on 05/19/26 10:25 AM RN B stated CNAs and Nurses were responsible for nail care. He stated nail care should be performed for all residents on their shower schedule days, and as needed. He stated the risk of not cutting and cleaning nails was lapses in infection control and loss of quality of life. Interview and observation on 05/19/26 at 1:22 PM the DON stated, she expected resident nails care to be provided during the shower days, and if the resident is diabetic the nurses had to trim the nails. The DON stated that residents was at risk of infection development and skin break down if she scratched herself. Record review of facility's undated policy titled, Policy/Procedure, section: [Quality of care] subject: [ADL, Services to carry out] revealed It is the policy of this facility that residents are given the appropriate treatment and services to maintain or improve his/her abilities.Residents who are unable to carry out activities of daily living (ADL) will receive necessary services to maintain: Grooming. Personal hygiene .

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