

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Autumn Leaves Nursing and Rehab Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Kilgore Drive Henderson, TX 75652	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review the facility failed to ensure residents who required dialysis received such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 of 5 residents (Resident #1) reviewed for Dialysis. The facility failed to ensure the appropriate dialysis port care was provided to Resident #1 on 8/5/25, 8/7/25, 8/9/25, 8/16/25, 8/19/25, and 9/6/25 when the facility failed to remove the dialysis port (access point for dialysis) dressing as ordered by the dialysis center. This failure could place residents at risk of infection, hospitalization, and diminished quality of life. Findings include: Record review of Resident #1's admission Record dated 10/13/2025, indicated a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included end stage renal disease (kidney failure), type 2 diabetes, and schizophrenia (mental condition characterized by hallucinations, delusions, and/or disorganized thinking). Record review of Resident #1's quarterly MDS, dated [DATE], indicated she had intact cognition with a BIMS of 15. She required Hemodialysis. Record review of Resident #1's care plan, dated 7/9/25, indicated she needed dialysis related to renal failure. Appropriate interventions were in place which included monitoring the dialysis access site for signs of infection, encouraging the resident to go to scheduled dialysis appointments, and monitoring for signs of renal insufficiency. There were no interventions in the care plan regarding removing or changing the soiled port-access dressings. Record review of a Dialysis Communication Record, dated 7/26/25, indicated Special Instructions/Comments/Concerns: Please remove dressings 2-4 [hours] after dialysis. Record review of a Dialysis Communication Record, dated 8/5/25, indicated Special Instructions/Comments/Concerns: Please Remove dialysis bandages by your p.m. med time to prevent access from clotting Record review of a Dialysis Communication Record, dated 8/7/25, indicated Special Instructions/Comments/Concerns: Please Remove patients dressing post dialysis treatment. Remove at least before next treatment. Record review of a Dialysis Communication Record, dated 9/6/25, indicated Special Instructions/Comments/Concerns: Bandages need to be removed after 4 hours Record review of Resident #1's dialysis center patient note, dated 8/5/25 at 11:43 a.m., by PCT F, indicated .Patient's bandages from previous treatment were not removed by the staff at her nursing facility. They have been told to remove them before the patient goes to bed in the past but continue not to do so. A note has been sent with Dialysis Communication Record and the charge nurse was notified. Record review of Resident #1's dialysis center patient note, dated 8/7/25 at 1:11 p.m., by PCT G, indicated .Patient's bandages from previous treatment were not removed by the staff at her nursing facility. They have been told to remove them before the patient goes to bed in the past but continue not to do so. A note has been sent with Dialysis Communication Record and the charge nurse was notified. Record review of Resident #1's dialysis center patient note, dated 8/9/25 at 12:00 p.m., by RN A, indicated .Access extremity remains swollen and patient reports bleeding at access site yesterday and pressure dressings are in place causing further damage to patient's access. SNF has been notified countless times. Skin tears and signs of erosion present on access. Record review of Resident #1's dialysis center patient note, dated 8/16/25 at 11:10 a.m., by PCT G, indicated .Patient's bandages from previous treatment were not removed by the staff at her nursing facility. They were covered with an additional dressing but not removed. They have been told to remove them before the patient goes to bed in the past but continue not to do so. A note has been sent with the Dialysis Communication Record and the charge nurse was notified. Access extremity remains swollen and patient reports pain in access and pressure dressings remain in place causing further damage to patient's access. Record review of Resident #1's dialysis center patient note, dated 8/19/25 at 11:43 a.m by PCT G, indicated . When patient arrived to treatment today the patient's bandages from previous treatment were still present and not removed by the staff at her nursing facility. The facility has been told to remove them before the patient goes to bed in the past but continues not to do so. A note has been sent with the Dialysis Communication Record and the charge nurse was notified. During an interview on 10/13/25 at 9:50 a.m., the ADM said it was the responsibility of the charge nurse on the unit to provide care related to the dialysis access ports. The ADM said the charge nurse was expected to complete a checklist form prior to the resident leaving for dialysis and again upon returning which required assessing the dialysis port. During an interview on 10/13/25 at 9:55 a.m., the ADON said it was the unit nurse's responsibility for conducting daily assessments of the dialysis ports and to prepare a resident for transport to dialysis. The ADON said the unit</p>		