

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 03/19/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44128</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 3 of 19 (Resident #64, Resident #74 and Resident #76) residents reviewed for call lights.</p> <p>The facility failed to ensure call lights were within reach while Resident #64, Resident #74 and Resident #76 were in bed.</p> <p>This failure could place residents at risk for a delay in assistance and decreased quality of life, self-worth, and dignity.</p> <p>Findings included:</p> <p>1. Record review of Resident 64's face sheet dated 03/18/25 indicated he was [AGE] years old and admitted to the facility on [DATE]. Resident #64 had diagnoses which included hemiplegia (paralysis of one side of the body), hemiparesis (weakness on one side of the body, affecting muscles and motor function), acquired absence of left leg above the knee, and depression.</p> <p>Record review of Resident #64's quarterly MDS assessment dated [DATE], indicated he had a BIMS score of 10, which indicated she had moderate cognitive impairment. Resident #64 was totally dependent on staff for most ADLs. The MDS indicated Resident #64 was totally dependent for chair/bed-to-chair transfers. The MDS indicated Resident #64 was always incontinent of bowel and bladder.</p> <p>Record review of Resident #64's Care Plan last revised 02/10/25 reflected the resident had an ADL self-care performance deficit with an intervention to encourage the resident to use bell to call for assistance.</p> <p>During an observation and interview on 03/17/25 at 9:48 a.m., Resident #64 said he did not have a call button. He said he had to holler when he did not have his call bell. Resident #64's call light draped over the foot of the bed. He said he was unable reach it. He said, once it is down there it is gone.</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
---	-------	-----------

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 03/19/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #74's face sheet dated 03/18/25 indicated he was [AGE] years old and admitted to the facility on [DATE]. Resident #74 had diagnoses which included anxiety, depression, stroke and hemiplegia (paralysis of one side of the body), and hemiparesis (weakness on one side of the body, affecting muscles and motor function).</p> <p>Record review of Resident #74's a quarterly MDS assessment dated [DATE], indicated he had a BIMs score of 11, which indicated he had moderate cognitive impairment. Resident #74 required substantial/maximal assistance for with ADLs. The MDS indicated Resident #74 was always incontinent of bladder and bowel. The MDS indicated Resident #74 required substantial/maximal assistance with chair/bed-to-chair transfers.</p> <p>Record review of Resident #74's Care Plan last revised 02/21/25 reflected the resident had an ADL self-care performance deficit with an intervention to encourage the resident to use bell to call for assistance. The care plan indicated Resident #74 was at risk for falls.</p> <p>During an observation and interview on 03/17/25 at 10:32 a.m., Resident #74's call light was draped over head of bed. He said he could not reach the call light. He said, I have to holler nurse, but they don't like that.</p> <p>During an observation on 03/18/25 at 8:24 a.m., Resident #74 was asleep in the bed. The call light was on the floor under the edge of the head of the bed.</p> <p>3. Record review of Resident #76's face sheet dated 03/18/25 indicated she was [AGE] years old and admitted to the facility on [DATE]. Resident #76 had diagnoses which included morbid obesity, diabetes, stroke and hemiplegia (paralysis of one side of the body), and hemiparesis (weakness on one side of the body, affecting muscles and motor function).</p> <p>Record review of Resident #76's quarterly MDS assessment dated [DATE], indicated he had a BIMs score of 10, which indicated he had moderate cognitive impairment. Resident #76 required substantial/maximal for most ADLs including chair/bed-to-chair transfers. The MDS indicated Resident #76 was always incontinent of bladder and bowel.</p> <p>Record review of Resident #76's Care Plan last updated 01/29/25 reflected Resident #76 had an ADL self-care performance deficit with an intervention to encourage the resident to use bell to call for assistance. The care plan reflected Resident #76 was at risk for falls.</p> <p>During an observation and interview on 03/17/25 at 10:12 a.m., Resident #76's call light was on floor under the side of the bed. She said she could reach the call light. She said sometimes she had to holler and sometimes she tried to sit up to get it.</p> <p>During an observation and interview on 03/19/25 at 8:15 a.m., Resident #76 was in bed eating breakfast. Her call light was draped over the foot of her bed. She said she could not reach the call light if she needed it.</p> <p>During an interview on 03/19/25 at 10:03 a.m., CNA B said call lights should been to where residents could always reach them. She said all care givers were responsible for making sure residents have their call lights. She said not having a call light could lead to a fall risk or the resident might have an emergency.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/19/25 at 10:23 a.m., LVN M said everybody was responsible for making sure residents had their call lights. She said ultimately the CNAs provided care and they should be checking to make sure residents had call lights. She said a resident not having a call light did not have any way to call staff for help. She said it could cause them to try to get up and cause them to fall.</p> <p>During an interview on 03/19/25 at 12:56 p.m., the DON said CNAs and floor staff were responsible for making sure resident could reach their call lights. She then said everyone was responsible for keeping call lights in reach of residents. She said she would have expected for the residents to have had their call lights. She said a resident not having a call light might need something and not be able to get to staff.</p> <p>During an interview on 03/19/25 at 1:23 p.m., the Administrator said he just had in-serviced staff on call lights about making sure the call lights were visible and within reach . He said the call lights should be attached to the pillow or clothes so the residents could respond in a time of need. He said he would have expected each of the resident to have had their call light within reach.</p> <p>Record review of an In-Service Training Report for RNs, LVNs, and CNA dated 02/25/25 at 4:15 p.m. reflected, Please make sure (when you are doing rounds) that CALL LIGHTS are easily in reach and are clipped onto linens/night clothes/etc. Too many families (and) residents are complaining that the CALL LIGHT is not reachable. If you need clips - Let someone know . The In-Service was signed by 34 staff members.</p> <p>Record review of an Answering the Call Light facility policy dated 03/2021 indicated, .The purpose of this procedure is to ensure timely responses to the resident's requests and needs .When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident .</p> <p>Record review of an undated Certified Nurse Aide Standards of Clinical Practice facility policy indicated, .The CNA answer call lights promptly and assists residents as required and checks for call light in reach prior to leaving the room .</p>

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 03/19/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44128</p> <p>Based on observation, interview, and record review, the facility failed to promote resident self-determination through support of resident choice for 1 of 19 residents reviewed for resident rights. (Resident #64)</p> <p>The facility did not assist Resident #64 out of bed as often has he preferred.</p> <p>This failure could place dependent residents at risk for feelings of depression, lack self-determination and decreased quality of life.</p> <p>Findings included:</p> <p>Record review of Resident 64's face sheet dated 03/18/25 indicated he was [AGE] years old and admitted to the facility on [DATE]. Resident #64 had diagnoses which included hemiplegia (paralysis of one side of the body), hemiparesis (weakness on one side of the body, affecting muscles and motor function), acquired absence of left leg above the knee, and depression.</p> <p>Record review of Resident #64's quarterly MDS assessment dated [DATE], indicated he had a BIMS score of 10, which indicated she had moderate cognitive impairment. Resident #64 was totally dependent on staff for most ADLs. The MDS indicated Resident #64 was totally dependent for chair/bed-to-chair transfers.</p> <p>Record review of Resident #64's Care Plan last revised 02/10/25 reflected Resident #64 had a behavioral problem. The care plan indicated, . I also want up out of bed as soon as possible then I want right back in bed .</p> <p>Record review of Progress Notes dated 02/17/2025 - 03/17/2025 did not indicate that offers were made to assist Resident #64 out of bed or that the resident had refused to get out of bed.</p> <p>During an observation and interview on 03/17/25 at 9:48 a.m., Resident #64 was in bed. He said staff would not let him get up out of bed. He said he would like to be gotten up every day. He said he had asked to get up every day and staff told him they were too busy. He said he had asked staff to be gotten up earlier in the day on 03/17/25.</p> <p>During an observation on 03/18/25 at 8:20 a.m., Resident #64 said he had already asked to get out of bed on 03/18/25. He said he was never gotten up out of bed on 03/17/25.</p> <p>During an observation on 03/18/25 at 10:09 a.m., Resident #64 was in the bed.</p> <p>During an observation and interview on 03/18/25 at 1:32 p.m., Resident #64 was in bed. He said he had not been gotten out of bed all day. He said he would love to get up out of bed.</p> <p>(continued on next page)</p>

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 03/19/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/18/25 at 2:07 p.m., CNA R said Resident #64 got out of bed every now and then. She said sometimes he did refuse to get out of bed. She said he had not asked to get up. She said when he finished eating, he told her to just lay him back that he just wanted to lay there and then told her bye.</p> <p>During an interview on 03/19/25 at 10:03 a.m., CNA B said Resident #64 did normally ask to get out of bed. She said if they offered to get him up there were certain times he did not want to get out of bed. She said staying in bed could cause bed sores and no social life. She said they had to honor the rights of the residents.</p> <p>During an interview on 03/19/25 at 10:05 a.m., CNA S said Resident #64 was not gotten up because by the time he was dressed he would be agitated, had started cussing them and did not want to get up. She said it was not that they did not want to get him up. It was just that by the time they offered he did not want to be gotten up. She said staying in bed all of the time could cause depression.</p> <p>During an interview on 03/19/25 at 10:23 a.m., LVN M said staff should be offering all residents to get out of bed. She said Resident #64 could be difficult but that he should be gotten out of bed if he wanted to be gotten up. She said it might even help with some of his behaviors. She said being in bed could cause skin breakdown, cause emotional and mental issues and depression. She said staying in bed could also cause residents to lose mobility and they were not getting stimulation physically or mentally.</p> <p>During an interview on 03/19/25 at 12:56 p.m., the DON She said Resident #64 refused to get out of bed quite a bit. She said if he was offered, 8 times out of 10 he would say no. She said she would expect staff to offer to get residents up and gotten out of bed if they choose. She said residents not being gotten up could cause psychosocial problems.</p> <p>During an interview on 03/19/25 at 1:23 p.m., the Administrator said staff needed to be educated to go to Resident #64 and ask what his preference was for each day. If his preference was to get out of bed, he needed to be gotten out of bed. He said not being gotten up could lead to pressure ulcers and just overall lack of breakdown of their spiritual moral. He said that would be the resident just not having a choice and bring down their moral.</p> <p>Record review of an undated EXCERPT - Operations Manual, Section 7 - Quality of Life provided by the facility indicated, .make choices about aspects of life in the community significant to them .A resident has the right to (a) Resident and receive services in the community with reasonable accommodation of individual needs and preferences .</p>		

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 03/19/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on interview and record review, the facility failed to ensure assessments accurately reflected the resident's status for 1 of 19 residents reviewed for assessments. (Resident #48)</p> <p>The facility failed to ensure Resident #48's MDS dated [DATE], was coded for receiving an anticonvulsant medication (help treat and prevent seizures).</p> <p>The facility failed to ensure Resident #48's MDS dated [DATE], was coded for receiving a hypoglycemic medication (used to lower blood sugar levels in individuals with diabetes).</p> <p>These failures could place residents at risk of not having individual needs met.</p> <p>Findings included:</p> <p>Record review of Resident #48's face sheet dated 3/18/25 indicated Resident #48 was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE]. Resident #48 had diagnoses including Type 2 diabetes (is a chronic condition in which the body does not use insulin properly or does not produce enough insulin) and multiple sclerosis (is a disease that causes breakdown of the protective covering of nerves).</p> <p>Record review of Resident #48's quarterly MDS assessment dated [DATE] indicated Resident #48 was understood and had the ability to understand others. Resident #48 had a BIMS score of 13 which indicated an intact cognition. Resident #48 MDS did not reflect use of an anticonvulsant or hypoglycemic medications used during the last 7 days.</p> <p>Record review of Resident #48's care plan dated 02/10/25 indicated:</p> <p>*Resident #48 had diabetes mellitus with potential for abnormal blood sugar levels, poor wound healing, and pain. Resident #48 took Ozempic to help regulate blood sugars and to assist with weight loss. Intervention included diabetes medication as ordered by doctor.</p> <p>*Resident #48 is on over the counter medication related to insomnia (is when you don't get enough quality sleep.). Intervention included administer over the counter medication per the Medical Doctor orders.</p> <p>Record review of Resident #48's consolidated physician order dated 2/1/25 indicated:</p> <p>*Gabapentin (is in a class of medications called anticonvulsants) Capsule 300mg, give 1 capsule by mouth at bedtime for insomnia. Started on 12/11/24.</p> <p>*Ozempic (is an anti-diabetic medication used for the treatment of type 2 diabetes and an anti-obesity medication used for long-term weight management) Subcutaneous Solution Pen-Injector 2mg/3ml (Semaglutide), inject 0.25mg subcutaneously in the morning every 7 days related to Type 2 diabetes mellitus. Started on 1/24/25.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Ozempic Subcutaneous Solution Pen-Injector 2mg/3ml (Semaglutide), inject 0.5mg subcutaneously in the morning every 7 days related to Type 2 diabetes mellitus. Started on 2/21/25.</p> <p>Record review of Resident #48's MAR dated 2/1/25-2/28/25 indicated:</p> <p>*Gabapentin Capsule 300mg, give 1 capsule by mouth at bedtime for insomnia. Started on 12/11/24. Resident #48 received 27 of 28 scheduled doses.</p> <p>*Ozempic Subcutaneous Solution Pen-Injector 2mg/3ml (Semaglutide), inject 0.25mg subcutaneously in the morning every 7 days related to Type 2 diabetes mellitus. Started on 1/24/25. Resident #48 received 2 of 2 scheduled doses.</p> <p>*Ozempic Subcutaneous Solution Pen-Injector 2mg/3ml (Semaglutide), inject 0.5mg subcutaneously in the morning every 7 days related to Type 2 diabetes mellitus. Started on 2/21/25. Resident #48 received 2 of 2 scheduled doses.</p> <p>During an interview on 3/19/25 at 9:09 a.m., the MDS Coordinator said she had been employed at the facility for 2 years. She said she was responsible for MDSs and care plans. She said she coded Ozempic as an injection on the MDS assessments. She said she did not know if Ozempic was also supposed to be coded as a hypoglycemic medication. She said she associated Gabapentin being used for nerve pain not as an anticonvulsant. She said Gabapentin was an anticonvulsant medication. She said on the MDS assessment, medication section stated, pharmacological classification, not how it is used. She said it was important for the resident MDS assessment to be accurately coded so the medical doctors knew what medications the resident was on. She said it was also not good or ethical for a resident to have an inaccurate MDS assessment. She said the Corporate MDS coordinator oversaw her completed MDS assessments. She said the MDS Coordinator completed audits all the time.</p> <p>During an interview on 3/19/25 at 2:15 p.m., the DON said the MDS Coordinator was responsible for the resident's MDS assessment. She said the Corporate MDS Coordinator oversaw the MDS coordinator. She said Resident #48's Gabapentin should have been coded as an anticonvulsant and Ozempic as a hypoglycemic. She said the resident's MDS assessment should have all the accurate information. She said the resident's MDS should have accurate information because it affected the resident's insurance and reimbursement.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator with the VP of Operations present, said the MDS Coordinator was responsible for MDSs. He said the DON signed the MDS assessments verifying the accuracy. He said he expected medications to be coded by the drug classifications. He said an inaccurate MDS assessment could be detrimental to the resident. He said it affected the resident's insurance and reimbursement. The VP of Operations said it affected the resident's assessment. The VP of Operations said the Corporate MDS Coordinator oversaw the facility MDS Coordinator as a support staff member.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 4:22 p.m., the Corporate MDS Coordinator said she was responsible for the facility's MDS Coordinator training on the regulation requirement. She said she spot checked MDS assessments weekly and sometimes more often. She said Gabapentin should have been coded as an anticonvulsant and Ozempic as a hypoglycemic medication. She said accurate MDS assessments were important because they painted a picture of the resident. She said in the case of Resident #48's inaccurate MDS assessment, it did not negatively affect the resident just the MDS assessment. She said MDS assessments were important because they affected the facility's quality measures, care plans, and informed staff on how to take care of the resident.</p> <p>Record review of an undated facility's Minimum Data Set Process policy indicated .the long tern care facility follows CMs requires per RAI as a policy the facility completes as MDS and codes the Minimum Data Set (MDS) per the RAI manual and coding is based upon clinical assessments, interviews, interventions, etc . Responsible Disciplines: IDT members .the RAI process has multiple regulatory requirements .the assessment accurately reflects the resident's status .</p>		

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 03/19/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45643</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 2 of 4 residents reviewed for ADLs (Residents #246 and Resident #18.)</p> <p>The facility did not change the adult brief for Resident #246 in a timely manner leaving her in a urine-soaked brief.</p> <p>The facility failed to shave Resident #18 facial hair.</p> <p>This failure could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in poor care, risk for skin breakdown, feelings of poor self-esteem, lack of dignity and health.</p> <p>The findings were:</p> <p>1. Record review of Resident #246's Face sheet dated 3/17/2022 indicated the resident was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses of Chronic Obtrusive Pulmonary Disease (a group of lung diseases that cause ongoing inflammation and damage to the airways and air sacs in the lungs, leading to breathing difficulties), Cerebral Infarction (a condition where blood flow to the brain is interrupted, causing brain tissue to die), and Muscle Weakness (decreased ability of muscles to contract and generate force).</p> <p>Record review of Resident #246's MDS assessment, dated 3/11/2025, indicated the resident had a BIMS score 12 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #246 was dependent with all activities of daily living (ADL). The MDS indicated Resident #246 was on oxygen.</p> <p>Record review of Resident #246's Care Plan indicated the resident required maximal assistance with her ADLs.</p> <p>During an interview on 3/17/25 at 10:29 a.m. Resident # 246 said that staff do not want to change you if you were wet. She said her brief is wet right now. She said that she had pushed her call light button earlier this morning and a CNA, whom she did not know their name, came in and turned the call light button off and said they would come back later. She said she is red, chaffed, and uncomfortable. She said it takes the CNAs hours to change her.</p> <p>During an interview on 3/18/25 at 8:27 a.m. Resident # 246 said she was wet again and had not been changed in hours. She said that she pushed her call light button and CNA B came into her room, turned off her call light, said she would come back later after she picked up the breakfast tray to change her. She said this CNA never came back.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 3/18/25 at 8:19 a.m., CNA B said she knew Resident # 246 was wet as she had pushed her call light earlier. She said she would go back later to change her because she was picking up breakfast trays to take back to the kitchen. CNA left to continue picking up trays.</p> <p>2. Record review of Resident #18's Face sheet dated 3/17/2023 indicated the resident was a [AGE] year- old female who admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (a condition where blood flow to the brain is interrupted, causing brain tissue to die), Anemia (a condition where the body does not have enough healthy red blood cells or hemoglobin), Hyperlipidemia (a condition characterized by high levels of fats (lipids) in the blood, including cholesterol and triglycerides).</p> <p>Record review of Resident #18's MDS assessment, dated 1/13/2025, indicated the resident had a BIMS score 10 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #18 was dependent with all activities of daily living (ADL).</p> <p>Record review of Resident #18's Care Plan indicated the resident required maximal assistance with her ADLs.</p> <p>During an interview and observation on 3/17/25 at 9:43 a.m., Resident #18 was observed with chin hairs that were approximately 2 inches long. She said she did not know how long it had been since she was shaven. She said she would like to be shaved. She said it bothered her that she had facial hair.</p> <p>During an observation on 3/19/2025 at 8:32 a.m., Resident #18 had yet to be shaved. Her facial hair was still approximately 2 inches long.</p> <p>During an interview on 3/19/25 at 8:36 a.m. CNA C said she was not sure if Resident #18 was care planned for refusal of care. She said she believes that Resident #18 refuses care. She said that she has not asked or tried to shave Resident #18. She said that it was the responsibility of CNAs to shave residents who are dependent for care.</p> <p>During an interview on 3/19/2025 at 1:13 p.m., the Director of Nurses said that residents dependent on care who are not resistive to care should have their activities of daily living taken care of by the appropriate staff. She said that CNAs should ensure that residents are shaved. She said that residents who need their adult briefs changed should not be left in wet briefs for a long period of time . She said that it is the responsibility of CNAs to ensure that residents are not left in wet briefs for prolong periods. She said that picking up lunch trays was not a valid excuse to delay changing a resident's wet brief.</p> <p>During an interview on 3/19/25 at 1:40 p.m., the Administrator said residents dependent for their ADLs should not have to wait for care for prolong periods. He said it was the responsibility of CNAs to ensure that resident's facial hair kept cut and briefs are changed in a timely manner. He said that residents would be at risk if they were left in wet briefs.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy and procedure on Activities of Daily Living (ADL), Supporting revised March 2018 revealed that the purpose of Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene, bathing, dressing, grooming, and oral care.</p>

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 03/19/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44128</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who had a urinary catheter received appropriate treatment and services to prevent urinary tract infections to the extent possible for 1 of 5 residents reviewed for catheter care. (Resident #24)</p> <p>The facility failed to drain urine from Resident #24's urinary catheter bag.</p> <p>The facility failed to keep Resident #24's urinary catheter bag off the floor.</p> <p>These failures could place residents at risk for the spread of urinary tract infections, making the residents high risk for pain, confusion and sepsis (infections that spread to the blood) from severe urinary tract infections.</p> <p>Findings included:</p> <p>Record review of a face sheet dated 03/18/25 revealed Resident #24 was [AGE] years old and was admitted on [DATE] with diagnoses including multiple sclerosis (a chronic, autoimmune disease that affects the central nervous system (brain and spinal cord), flaccid neuropathic bladder (a condition where the bladder muscles do not contract properly, leading to difficulty or inability to urinate), and muscle weakness.</p> <p>Record review of an Order Summary Report for Resident #24 dated 03/18/24 indicated an order for suprapubic catheter (a thin, flexible tube inserted directly into the bladder through a small incision in the lower abdomen, just above the pubic bone. It is used to drain urine from the bladder when a person is unable to urinate normally) care every shift and as needed every 12 hours as needed for catheter care with a start date of 01/04/25. There was no end date. There was an order for suprapubic catheter care every shift and as needed one time a day with a start date of 01/04/25. There was no end date.</p> <p>Record review of the most recent MDS dated [DATE] indicated Resident #24 indicated a BIMS of 13 which indicated intact cognition. The MDS indicated Resident #24 had an indwelling catheter.</p> <p>Record review of a care plan last revised on 01/18/25 indicated Resident #24 had a suprapubic catheter related to neuropathic bladder. There was an intervention to check that the catheter was stabilized/anchored using a leg strap/stabilizer.</p> <p>Record review of a Nursing Medication Administration Record for March 2025 indicated an order for suprapubic catheter care every shift and as needed. The nursing MAR indicated the resident had not received any as needed catheter care.</p> <p>(continued on next page)</p>

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 03/19/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 03/17/25 at 10:06 a.m., Resident #24's catheter bag was laying on the floor. The bag was completely full, and urine had backed up into the tubing approximately 6 inches. The urine extended beyond the 2000 milliliter measure on the bag and had a bloated appearance. An attempt was made to hang the bag on to the bed frame. The bag fell back into the floor. The bag was so heavy it straightened out the plastic hooks used to hang the bag. Resident #24 said she did not know the bag was full or on the floor. She said she would call for assistance to empty the bag.</p> <p>During an interview on 03/17/25 at 10:12 a.m., CNA R said Resident #24's catheter bag was laying on the floor. She said it should have been hanging on the side of the bed. She said the bag was excessively full. She said it should have been emptied every shift. She said it should have been emptied by the night shift. She said the bag laying in the floor could cause cross contamination and infection. She said the urine could back up into Resident #24 and cause infections.</p> <p>During an interview on 03/19/25 at 10:23 a.m., LVN M said urinary catheter bags should be emptied every shift. She said CNAs could empty the catheter bags, but they should tell the nurse what the output was. She said catheter care was documented on the Treatment Administration Record. She said she normally Resident #24 had 800 milliliters to 1000 milliliters output of urine per shift. She said she did not feel like it had been emptied for it to have been completely full and backed up into the tubing. She said, maybe that is why she has been having bladder spasms. She said if urine backed up into the tubing, it was a major cause of urinary tract infections and discomfort for the patient. She said it could cause bladder distention also.</p> <p>During an interview on 03/19/25 at 12:56 p.m., the DON said urine catheter bag orders usually said they should be emptied every shift and as needed. She said she would have expected for Resident #24's bag to have been emptied on the previous shift. She said you were looking at a urinary tract infections at the very least. She said a catheter bag not being emptied could also cause kidney issues and bladder issues.</p> <p>During an interview on 03/19/25 at 1:23 p.m., the Administrator said he expected catheter bags to be checked frequently. He said this is a huge deal to make sure catheter bags were emptied and definitely not laying in the middle of the floor. He said a negative outcome could be an infection.</p> <p>Record review of a Catheter Care, Urinary facility policy dated 09/2014 indicated, .The purpose of this procedure is to prevent catheter-associated urinary tract infections .Be sure the catheter tubing and drainage bag are kept off the floor .Empty the drainage bag regularly .Empty the collection bag at least every eight (8) hours .</p>		

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 03/19/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on interview, and record review, the facility failed to ensure the appropriate treatment and services to prevent complications was provided for 2 of 3 residents reviewed for feeding tube management. (Resident #47 and Resident #52)</p> <p>The facility failed to ensure Resident #47 and Resident #52 had a physician order for the volume, frequency, and type of flush to administer via the feeding tube.</p> <p>The facility failed to ensure Resident #47 and Resident #52 had a physician order on the frequency of cleaning and the care of the site on the feeding tube.</p> <p>The facility failed to ensure Resident #47 and Resident #52 had a physician order on the frequency of residual checks (assess the rate of gastric emptying) for the feeding tube.</p> <p>The facility failed to ensure Resident #47 and Resident #52 had a physician order on the frequency of checking placement for the feeding tube.</p> <p>These failures placed residents at risk for clogged tubing, trapped air, vomiting, and aspiration.</p> <p>Findings included:</p> <p>Record review of Resident #47's face sheet dated 3/18/25 indicated Resident #47 was a [AGE] year-old female admitted on [DATE]. Resident #47 had diagnoses including severe protein-calorie malnutrition (is a condition caused by an inadequate intake of protein and calories, leading to a deficiency in essential nutrients and impacting body composition and function), gastrostomy status (is the placement of a feeding tube through the skin and the stomach wall), and dysphagia (difficulty swallowing).</p> <p>Record review of Resident #47's admission MDS assessment dated [DATE] indicated Resident #47 was understood and had the ability to understand others. Resident #47 had a BIMS score of 11 which indicated moderate cognitive impairment. Resident #47 had received parenteral feeding (is a medical procedure that provides nutrients directly into the bloodstream through a catheter inserted into a vein) while not a resident of this facility but within the last 7 days. Resident #47 had received during the entire 7 days, fifty-one percent or more proportion of total calories through parenteral or tube feeding (is a method of providing nutrition and fluids directly into the stomach or small intestine through a tube).</p> <p>Record review of Resident #47's care plan dated 2/10/25 indicated Resident #47 had a gastrostomy tube. Intervention included Resident #47 was dependent with tube feeding and water flushes.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #47's consolidated physician order dated 3/18/25 indicated Isosource 1.5 nocturnal feeds at 50ml/hr with water flushes at 50ml/hr times 12 hours at bedtime. Started on 2/11/25. Resident #47's consolidated physician order did not reflect the volume, frequency, and type of flush to administer before and after feeding, the frequency of cleaning, the frequency of residual checks, and the frequency of checking placement.</p> <p>During an interview on 3/17/25 at 10:22 a.m., Resident #47 said she was on tube feedings. She said she had irritable bowel syndrome and the tubing feeding sometimes caused diarrhea. She said yesterday (3/16/25) they tried to start the feeding tubing but she refused.</p> <p>Record review of Resident #52's face sheet dated 3/18/25 indicated Resident #52 was a [AGE] year-old male and admitted on [DATE] and readmitted on [DATE]. Resident #52 had diagnoses including dysphagia (difficulty swallowing), feeding difficulties, and dementia (is a general term for a decline in mental ability severe enough to interfere with daily life).</p> <p>Record review of Resident #52's quarterly MDS assessment dated [DATE] indicated Resident #52 was rarely/never understood and rarely/never had the ability to understand others. Resident #52 had no speech. Resident #52 had short-and-long term memory problems and severely impaired cognitive skills.</p> <p>Record review of Resident #52's care plan dated 3/17/25 indicated Resident #52 required tube feeding related to weight loss. Intervention included check for tube placement and gastric contents/residual volume per facility protocol and record.</p> <p>Record review of Resident #52's consolidated physician order dated 03/18/25 indicated:</p> <p>*Nothing by Mouth diet. Started on 3/17/25.</p> <p>*Jevity 1.5 at 20ml times 24 hours then increase by 10ml every 24 hours as tolerated for goal of 60ml continuously daily. Every shift 60ml continuously times 24 hours. Started on 3/19/25. Resident #52's consolidated physician order did not reflect the volume, frequency, and type of flush to administer before and after feeding, the frequency of cleaning, the frequency of residual checks, and the frequency of checking placement.</p> <p>During an interview on 3/19/25 at 12:51 p.m., LVN K said she had worked at the facility for almost 2 years. She said she primarily worked the hall Resident #47 and Resident #52 resided on. She said the admitting nurse was responsible for obtaining feeding tube orders if the resident's hospital discharge did not have any. She said the resident with feeding tubes should have residual checks, cleaning orders, and verifying placement orders. She said residual checks should be done before and after medications were given and before tube feedings were started. She said it was important to clean the gastrostomy site to prevent infections. She said it was important to check the resident's residual to make sure the stomach was emptying. She said it was important to have physician orders because some staff may come through and not follow best nursing practices. She said the facility used agency staffing and they may not follow or know the facility's policy of tube feeding.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 2:15 p.m., the DON said the admit nurse was responsible for obtaining physician orders for a resident with a feeding tube. She said nursing management was responsible for ensuring the nurses obtained physician orders. She said it was important to have physician orders for residual checks and flushing to maintain accuracy of the resident's electronic medical record. She said the resident could experience patency issues if physician orders were not in place. She said the facility also had standing orders that could have been put in place. She said nursing management was supposed to audit the resident's physician order the day after admission to ensure accuracy.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator, with the VP of Operations present, said the nurses were responsible for obtaining physician orders for a resident with a feeding tube. He said he knew if the resident did not have cleaning orders, it placed the resident at risk for infections. He said the DON was responsible for ensuring the nursing staff obtained physician orders.</p> <p>Record review of a facility's Administering Medications through an Enteral Tube policy revised on 11/2018 indicated .the purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube .verify that there is a physician's order for this procedure .administer each medication separately and flush between medications .equipment and supplies .purified warm water for diluting medications . purified warm water for flushing .stethoscope .verify placement of feeding tube .stop feeding and flush tubing with at least 15ml warm purified water (or prescribed amount) .dilute crushed (powdered) medication with at least 30ml purified water (or prescribed amount) .if administering more than one medication, flush with 15ml warm purified water (or prescribed amount) between medications .when the last of the medication begins to drain from the tubing, flush the tubing with 15ml of warm purified water (or prescribed amount) .</p> <p>Record review of https://www.ncbi.nlm.nih.gov/books/NBK593216/ was accessed on 3/24/25 and indicated . after the initial verification of the tube placement by x-ray, it is possible for the tube to migrate out of position due to the patient coughing, vomiting, and moving .for this reason, the nurse must routinely check tube placement before every use .the area of tube insertion should be assessed daily for signs of pressure damage .cleansing is typically performed using gauze moistened with water or saline and then allowed to air dry .the health care provider writes the order for the enteral nutrition .amount and frequency of free water flushes .measurement of gastric residual volume .aspirate stomach contents through the tube .it has traditionally been used to assess aspiration risk with associated intervention such as slowing or stopping the enteral feeding .</p>

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45643</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 5 of 11 residents (Resident #42, Resident #246, Resident #16, Resident #9, and Resident #33) reviewed for respiratory care and services.</p> <p>The facility failed to properly store Resident #246's Nasal Cannula.</p> <p>The facility failed to change the dirty filters for Resident #16.</p> <p>The facility failed to ensure Resident #42's oxygen concentrator was set at 2 LPM, as ordered by the physician.</p> <p>The facility failed to ensure Resident #9's oxygen concentrator filter was without white fuzzy particles.</p> <p>The facility failed to ensure Resident #33's oxygen concentrator filter was without white fuzzy particles.</p> <p>This failure could place residents at risk for developing respiratory complications.</p> <p>Findings included:</p> <p>1. Record review of Resident #246's face sheet dated 3/17/2022 indicated the resident was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses of Chronic Obtrusive Pulmonary Disease (a group of lung diseases that cause ongoing inflammation and damage to the airways and air sacs in the lungs, leading to breathing difficulties), Cerebral Infarction (a condition where blood flow to the brain is interrupted, causing brain tissue to die), and Muscle Weakness (decreased ability of muscles to contract and generate force).</p> <p>Record review of Resident #246's MDS assessment, dated 3/11/2025, indicated the resident had a BIMS score 12 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #246 was dependent with all activities of daily living (ADL). The MDS indicated Resident #246 was on oxygen.</p> <p>Record review of Resident #246's Care Plan indicated the resident had a problem initiated on 3/4/2024. The resident has oxygen therapy regarding their diagnosis of Chronic Obtrusive Pulmonary Disease .</p> <p>During an interview and observation on 3/17/24 at 10:29 a.m., Resident #246's nasal cannula was laying in the trashcan. Resident #246 said that she did not place her nasal cannula in the trashcan and that a nurse that was in there who just made her bed must have placed it in the trashcan while she was making her bed. She said that she would never place her cannula in the trashcan because it would go into her nose when she got into bed again.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/19/25 at 10:44 a.m., CNA C said that residents nasal canula should be stored in a bag when it was not in use. She said that if a resident's cannula was lying in a trashcan, it could place the resident at risk of infection. She said it was the responsibility of CNAs and nurses to ensure that cannula is stored properly .</p> <p>2. Record review of Resident #16's face sheet dated 2/04/2022 indicated the resident was a 67-year- old female who admitted to the facility on [DATE] with diagnoses of Chronic Obtrusive Pulmonary Disease (a group of lung diseases that cause ongoing inflammation and damage to the airways and air sacs in the lungs, leading to breathing difficulties), Schizoaffective Disorder (a mental health condition that combines symptoms of schizophrenia and a mood disorder, such as depression or bipolar disorder), and Heart Failure (a condition in which the heart cannot pump enough blood to meet the body's needs).</p> <p>Record review of Resident #16's MDS assessment, dated 3/6/2025, indicated the resident had a BIMS score of 15 which indicated the resident was cognitively intact. The MDS indicated Resident #16 was on oxygen.</p> <p>Record review of Resident #16's Care Plan indicated the resident had a problem initiated on 4/11/2024. The resident has oxygen therapy regarding their diagnosis of Chronic Obtrusive Pulmonary Disease.</p> <p>During an interview and observation on 3/17/25 at 10:44 a.m., Resident #16's oxygen concentrator was covered in a thin layer of dust. The external filter had a thick layer of dust that when touched became airborne. Resident #16 was asked about her filter but she did not give a valid response to the question asked.</p> <p>3. Record review of Resident #42's face sheet dated 3/18/2025 indicated the resident was a 81-year- old male who admitted to the facility on [DATE] with diagnoses of acute gastritis with bleeding (an inflammation of the lining of the stomach), gastrointestinal hemorrhage (a sign of bleeding in the digestive tract), Hypertensive heart disease with heart failure (a condition caused by prolong high blood pressure which can lead to heart failure) and urinary calculus (harden deposits of minerals that form in the kidney and cause pain as they pass through the urinary tract).</p> <p>Record review of Resident #42's MDS assessment, dated 3/7/2025, indicated the resident had a BIMS score 9 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #42 was dependent with all activities of daily living (ADL). The MDS indicated Resident #42 was on oxygen.</p> <p>Record review of Resident #42's Care Plan created on 2/21/2025 indicated the resident had little to no activity involvement due to disinterest, immobility and physical limitations. The care plan revised on 3/18/2025 indicated the resident wanted his RP to manage talking with physicians, staff members and nurses about care. Interventions included to administer medications as ordered and monitor and document effects and effectiveness. The care plan did not indicate Resident #42 was on oxygen.</p> <p>Record review of Resident #42's MAR dated 3/1/2025-3/31/2025 indicated the resident was on 2 liters via nasal cannula continuously every shift starting on 3/16/2025. The Physician's order was initiated on 3/16/2025 indicated Resident #42 was prescribed 2 liters via nasal cannula continuously every shift.</p> <p>(continued on next page)</p>

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and observation on 3/17/2025 at 11:14 AM, Resident #42 said he was not feeling well, and RP was at bedside. The RP said the resident recently returned from the hospital. The RP was concerned Resident #42 was sleeping too much. Observed Resident #42's oxygen setting on 5 liters of oxygen.</p> <p>During an interview and observation on 3/17/2025 at 3:43 PM, Resident #42 continued to have oxygen setting on 5 liters. The RP said she had not adjusted the oxygen settings.</p> <p>During an interview on 3/17/2025 at 3:45 PM, LVN T said the resident was supposed to be on 2 liters of oxygen and returned to his room and corrected the setting. She said she was not sure why the resident was on 5 liters. She said she tries to check the setting as she reviews the residents MAR and makes her rounds. She said she had just recently disconnected resident from the oxygen tank to the concentrator.</p> <p>During an interview on 3/19/2025 at 8:56 AM, LVN M said the nursing staff changed the oxygen tubing and dated weekly. LVN said the nurses were responsible for ensuring the settings were correct and educating the resident and family on proper placement, keeping the tubing above the level of the water, not dropping the tubing on the floor and monitoring areas behind the ears for sores. LVN said the staff educate the resident and family on not adjusting the oxygen settings and follow the physician orders. LVN said we educate residents with respiratory issues such as COPD (a group of lung diseases that block airflow and make it difficult to breathe) that increasing the oxygen setting could cause other risk such as increasing CO2 retention and causing an exacerbation of their Chronic obstructive pulmonary disease (COPD) (a group of lung diseases that block airflow and make it difficult to breathe). LVN said it was the responsibility of the nurses to ensure the oxygen was on the correct settings every shift.</p> <p>During an interview on 3/19/2025 at 11:30 AM, LVN N said the nursing staff should be checking the oxygen settings every shift. LVN N said if she observed a resident on 5 liters and the order was for 2 liters, she would make the adjustment to correct. She said she had never had any issues with residents on oxygen. LVN N said the nurses were responsible for ensuring the orders were followed and the family or resident should not be adjusting their own oxygen.</p> <p>During an interview on 3/19/2025 at 12:00 PM, the RP said she had never touched the oxygen concentrator or adjusted the oxygen settings. She said she saw when LVN M returned to the room and adjusted the setting.</p> <p>During an interview on 3/19/2025 at 1:14 PM, ADON H said the nurses should be checking to make sure how many liters of oxygen were ordered and checking the resident's oxygen saturations. She said if a resident's oxygen were set too low, it could cause complications and she was not sure what would happen if the setting were too high. ADON H said every shift, the nurses check to ensure the oxygen was on the correct liters ordered. ADON H said the staff made Angel rounds and assigned to a hall and they checked to make sure the tubing was changed, and the oxygen were on the correct settings. ADON H said she did not know why Resident #42's oxygen was set on 5 liters. She said when she made rounds, Resident #42 was on his oxygen tank and not the concentrator.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Record review of Resident #9's face sheet dated 3/18/25 indicated Resident #9 was a [AGE] year-old female admitted on [DATE] and readmitted on [DATE]. Resident #9 had diagnoses including cerebral palsy (is a group of conditions that affect movement and posture) and hypertensive heart disease with heart failure (is a condition where chronic high blood pressure (hypertension) damages the heart muscle, leading to heart failure).</p> <p>Record review of Resident #9's quarterly MDS assessment dated [DATE] indicated Resident #9 was understood and had the ability to understand others. Resident #9 had a BIMS score of 15 which indicated intact cognition. Resident #9 MDS assessment did not indicated oxygen therapy.</p> <p>Record review of Resident #9's care plan dated 3/3/25 indicated Resident #9 was on oxygen therapy related to ineffective gas exchange. Intervention included oxygen settings per medical doctor orders.</p> <p>Record review of Resident #9's consolidated physician orders dated 3/18/25 indicated:</p> <p>*Check oxygen filter for placement and cleanliness, every night shift, every Sunday. Start date of 12/29/24.</p> <p>*Oxygen at 2-4 liters via nasal cannula as needed every 12 hours if saturation less than 88%. Start date 10/13/24.</p> <p>Record review of Resident #9's MAR dated 3/1/25-3/31/25 indicated check oxygen filter for placement and cleanliness, every night shift, every Sunday. Start date of 12/29/24. The MAR indicated administration on 3/16/25 (LVN E).</p> <p>During an observation on 3/17/25 at 11:41 a.m., Resident #9 was lying in her bed with a nasal cannula connected to an oxygen concentrator. Resident #9's oxygen concentrator filter had a thick, moderate amount of white, fuzzy particles. Resident #9 said staff changed her nasal cannula tubing once a week. She said she did not know about the oxygen filter.</p> <p>During an observation on 3/18/25 at 8:47 a.m., Resident #9 was lying in her bed with a nasal cannula connected to an oxygen concentrator. Resident #9's oxygen concentrator filter had a thick, moderate amount of white, fuzzy particles.</p> <p>5. Record review of Resident #33's face sheet dated 3/18/25 indicated Resident #33 was a [AGE] year-old male admitted on [DATE] and readmitted on [DATE]. Resident #33 had diagnoses including acute respiratory failure (is a life-threatening condition where the lungs cannot adequately exchange oxygen and carbon dioxide, leading to low blood oxygen levels (hypoxemia) and/or high carbon dioxide levels (hypercapnia)) and chronic obstructive pulmonary disease (is an ongoing lung condition caused by damage to the lungs).</p> <p>Record review of Resident #33's quarterly MDS assessment dated [DATE] indicated Resident #33 was usually understood and usually had the ability to understand others. Resident #33 had a BIMS score of 9 which indicated moderate cognitive impairment. Resident #33 had oxygen therapy within the last 14 days.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #33's care plan dated 02/24/25 indicated Resident #33 had oxygen therapy related to history of respiratory failure and chronic obstructive pulmonary disease. Intervention included oxygen settings per medical doctor orders.</p> <p>Record review of Resident #33's consolidated physician order dated 3/18/25 indicated:</p> <p>*Oxygen at 2 liters via nasal cannula continuous every shift. Start date of 12/27/24.</p> <p>*Check oxygen filter for placement and cleanliness, every night shift, every Sunday. Start date of 12/29/24.</p> <p>Record review of Resident #33's MAR dated 3/1/25-3/31/25 indicated check oxygen filter for placement and cleanliness, every night shift, every Sunday. Start date of 12/29/24. The MAR indicated administration on 3/16/25 (LVN E).</p> <p>During an observation on 03/17/25 at 9:41 a.m., Resident #33 was lying in bed with a nasal cannula connected to an oxygen concentrator. Resident #33's oxygen concentrator filter had a small amount of white, fuzzy particles.</p> <p>During an observation on 3/18/25 at 8:19 a.m., Resident #33 was lying in bed with a nasal cannula connected to an oxygen concentrator. Resident #33's oxygen concentrator filter had a small amount of white, fuzzy particles.</p> <p>On 3/19/25 at 12:15 p.m., call placed to LVN E and was unable to leave a message.</p> <p>During an interview on 3/19/25 at 12:51 p.m., LVN K said the nurses who worked on Sunday nights were responsible for cleaning oxygen filters. She said the facility also had staff assigned to complete angel rounds in the resident's room. She said angel rounds were done every morning. She said during angel rounds the assigned staff looked at the oxygen setups and other things. She said Resident #33's oxygen filter did not look as if it was cleaned last Sunday night. She said it was important for a resident's oxygen filter not to have white fuzzy particles because it was respiratory equipment. She said an unclean oxygen filter could cause a bunch of problems. She said an unclean filter could cause sickness and affect the resident's overall health.</p> <p>During an interview on 3/19/25 at 1:23 p.m., the Director of Nurses said that it is the responsibility of nurses to ensure that nasal cannula is stored properly when not in use. She said that cannula should not be left hanging in a trashcan. She said that resident filters are replaced by nursing staff, and they are kept clean by nursing staff. She said there was a risk of a respiratory infection if cannula is not stored properly, and concentrators are not kept clean.</p> <p>During an interview on 3/19/25 at 1:40 p.m., the Administrator said that nasal cannula should be stored properly and not left in a trashcan. He said that their concentrators should be cleaned, and filters changed. He said residents could be placed at risk of a respiratory infection if proper protocol was not followed.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/19/2025 at 2:05 PM, the DON said the nurses were responsible for ensuring orders were followed. She said the oxygen should be care planned. The DON said she spoke with the RP and she reported she turned up the oxygen concentrator. The DON said Resident #42 could have had respiratory issues.</p> <p>During an interview on 3/19/2025 at 2:21 PM, the ADM said he expected the nurses to check the orders and oxygen daily. The ADM said he expected the family and resident to be educated on oxygen care. The ADM said too much oxygen could cause light headedness or dizziness. The ADM said the nurses were responsible for checking the oxygen settings and orders.</p> <p>During an interview on 3/19/25 at 3:15 p.m., the DON said the nurses were responsible for the external oxygen filters and maintenance was responsible for the internal. She said oxygen filters were supposed to be cleaned weekly. She said the oxygen filters on concentrators were supposed to draw in the particles, in the resident's environment. She said if the oxygen filter had white fuzzy particles, then it was doing its job. She said it was important the oxygen filter to be clean to maintain airflow to the resident. She said if the resident's oxygen filter was not cleaned weekly, it could decrease the air flow.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator with the VP of Operations present said he had been employed at the facility for thirteen months. The VP of Operations said the external filter on the oxygen concentrator was assigned to the nursing staff. The VP of Operations said the facility had daily angel rounds who also were supposed to check the oxygen filters. The VP of Operations said the internal filters were assigned to the Maintenance staff. The VP of Operations said he was not sure how often the internal filters were cleaned by Maintenance. The VP of Operations said he believed Maintenance were supposed to clean the internal filters monthly. The Administrator said the external filters should be cleaned as needed. The Administrator said oxygen filters should be cleaned because it affected the resident's breathing. The Administrator said he was responsible to ensure the nursing staff, assigned angel round employees, and maintenance staff cleaned the resident's oxygen concentrator filters.</p> <p>Review of a facility policy titled Oxygen undated indicated Purpose .A resident will receive oxygen therapy when ordered by a physician. The resident's disease, physical condition, and age will help determine the most appropriate method of administration. Responsible Disciplines .Licensed Nursing, Attending physician, FNP .Procedure .1. Assess the resident's room to determine if the environment is safe for oxygen administration. 2. Post an oxygen precaution No smoking sign on the resident's door.3. Obtain physician orders for oxygen administration .Orders should include following .oxygen source .method of delivery .flow rate .oxygen saturation monitoring parameters .4. Assess the resident's condition .5. Monitor the resident's response to oxygen .Check pulse oximetry 6. Monitor for signs of hypoxemia .a. level of consciousness . pulse oximetry .vital signs .skin and mucous membrane .breathing patterns .dyspnea .cyanosis, cool .7. Observe the resident's skin .Documentation: Place documentation in the resident's EMR Administration Record (TAR) .date and time of oxygen administration .type of delivery//oxygen flow rate .residents vital signs, skin</p> <p>49019</p> <p>44933</p>		

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 03/19/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49019</p> <p>Based on observations, interviews, and record review, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, included the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 1 medication storage rooms and to provide pharmaceutical services including procedures that assure the accurate administering of all drugs and biologicals, to meet the needs of 2 of 19 residents (Resident #50 and Resident #47) reviewed for medications storage and pharmacy services.</p> <ol style="list-style-type: none"> The facility failed to remove expired over the counter medications from the Medication Storage room. The facility failed to ensure narcotic counts were accurate for Resident # 50's Belsomra 10 mg (medication used for insomnia) for medication cart on Hall 100 at shift change on [DATE]. The facility failed to ensure Resident #47 Midodrine (is used to treat low blood pressure (hypotension)) had hold blood pressure (is the force exerted by blood against the walls of your arteries as it circulates through your body) parameters orders. <p>These failures could place residents at risk for not receiving the therapeutic benefit of medications or adverse reactions to medications and inaccurate drug administration.</p> <p>Findings included:</p> <p>Record review of Resident # 50's Face sheet dated [DATE] indicated the resident was a 68-year- old male who readmitted to the facility on [DATE] with diagnoses of Hemiplegia and hemiparesis following a cerebral infarction affecting left non-dominant side (a complete paralysis or weakness affecting one side of the body after a stroke due to the damage to the brains motor pathway), recurrent depression (a pattern of repeated episodes of major depressive disorder), Hypertensive heart disease with heart failure (prolonged high blood pressure that causes the heart to work harder, leading to weakened heart muscle and reduced pumping ability), and convulsions (a rapid, involuntary muscle contraction that causes uncontrollable shaking and limb movement).</p> <p>Record review of Resident #50's MDS assessment, dated [DATE], indicated the resident had a BIMS score of 11 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #50 required supervision with personal hygiene and ADL's.</p> <p>Record review of Resident #50's Care Plan created on [DATE] indicated the resident was taking an antidepressant medication for depression. Interventions included monitoring, documenting, and reporting adverse reactions to antidepressant therapy such as changes in behavior, mood, cognition, hallucinations, social isolation, withdrawal, decline in ADL ability, continence, constipation, diarrhea, gait changes, rigid muscles, balance problems, movement problems, tremors and insomnia.</p> <p>Record review of Resident # 50's MAR dated [DATE]-[DATE] indicated he was ordered Belsomra 10 mg (a medication used to treat insomnia) was started on [DATE].</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During medication cart review on [DATE] at 10:00 AM, Resident # 50 had documented on the narcotic sheet to have 3 tablets remaining. LVN O pulled Belsomra 10 mg packet out for a narcotic count and Resident #50 had 4 tablets of medication left. LVN O said she did the counts that morning and did not identify the off count. She said the medication must have been signed out and not given. She said she did not know why the counts were off and she did not work last night.</p> <p>During an interview on [DATE] at 10:03 AM, the DON said she was going to check the EMR, and she requested LVN O to notify the Physician.</p> <p>During an interview on [DATE] at 12:00PM, the DON said she had investigated the narcotic counts, and it was determined the night shift nurse failed to administer the medication on [DATE]. The DON notified Resident #50 of the medication error, notified the Physician, and completed an incident report. The DON provided documentation that she would begin monitoring narcotic counts beginning on [DATE], 3 times weekly for 90 days. The DON completed an in-service with the 3 nurses responsible for medication counts on the Rights of Medication Administration and controlled substances and narcotic counts. The nurse who was responsible for administering the medication indicated on the in-service he may have forgotten to pop the pill out but signed it out in the narcotic book and electronic medical record.</p> <p>During an observation on [DATE] at 3:10 PM, this surveyor reviewed the storage room and found the following medications:</p> <p>Lorazepam 2 mg/ml 3 vials with dated expirations (2 vials) expired on [DATE] and (1 Vial) expired on [DATE] for Resident # 52. The medication was in the refrigerator under double lock and key.</p> <p>Potassium 99 mg tablets 2-bottles had expired [DATE].</p> <p>The DON said she was responsible for removing the expired Lorazepam vials from the refrigerator. She said Resident #52 was on the medication for seizures and he was currently well controlled with oral medications. The DON said she was going to notify the Physician. The DON said she had just returned from vacation and had not removed the medication. The DON said central supply was responsible for stocking and removing expired over the counter medications.</p> <p>Review of an in-service dated [DATE] subject Handoff/Narcotic Counts indicated the DON discussed proper hand off of medication cart keys and narcotic counts at shift change. The DON indicated 2 nurses are to count narcotics and compare them to the narcotic book. She noted keys should not change hands until the counts were confirmed to be accurate. The DON indicated for any discrepancies, the DON and MD must be notified so an investigation could be completed.</p> <p>44933</p> <p>Record review of Resident #47's face sheet dated [DATE] indicated Resident #47 was a [AGE] year-old female admitted on [DATE]. Resident #47 had diagnosis including hypotension.</p> <p>Record review of Resident #47's admission MDS assessment dated [DATE] indicated Resident #47 was understood and had the ability to understand others. Resident #47 had a BIMS score of 11 which indicated moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #47's care plan dated [DATE] did not reflect the diagnoses of hypotension and use of Midodrine.</p> <p>Record review of Resident #47's consolidated physician order dated [DATE] indicated Midodrine HCl Oral Tablet 5mg, give 1 tablet by mouth three times a day related to Hypotension. One tab in morning, one tab at noon, and one tab in the evening. Started on [DATE]. Resident #47's consolidated physician order did not reflect hold blood pressure parameters.</p> <p>Record review of Resident #47's MAR dated [DATE]-[DATE] indicated Midodrine HCl Oral Tablet 5mg, give 1 tablet by mouth three times a day related to Hypotension. One tab in morning, one tab at noon, and one tab in the evening. Started on [DATE]. Resident #47 received 30 of 52 doses. Resident #47 had 13 doses held for parameters not met. Resident #47's MAR did not reflect hold blood pressure parameters.</p> <p>During an interview on [DATE] at 12:51 p.m., LVN K said the nurse who put the order in should get the hold parameters. She said the ADONs were supposed to monitor medication orders. She said without hold parameters if a resident's blood pressure was low it could bottom out. She said if the resident's blood pressure was high it could increase the blood pressure. She said if a resident was administered a blood pressure medication and the hold parameters were not followed, it could cause the need for more medication or being sent out to the hospital. LVN K reviewed Resident #47's Midodrine order and said it did not have blood pressure hold parameters.</p> <p>During an interview on [DATE] at 2:15 p.m., the DON said the admit nurse or whoever received the physician order should have also obtained hold parameters. She said Resident #47's Midodrine order should also have hold parameters orders. She said it depended on the physician, what hold parameters were ordered to follow. She said if resident received a medication for hypotension but was not hypotensive, they could become hypertensive (is a condition where the force of blood against artery walls is consistently too high). She said nursing management, through chart audits, should ensure the nursing staff obtained hold blood pressure parameters.</p> <p>During an interview on [DATE] at 3:23 p.m., the Administrator, with the VP of Operations present, said the physicians decide the hold parameters for the resident's medications. He said the nurses should contact the physician for hold parameters orders. He said if a resident received a medication to increase their blood pressure but it was not needed, they could experience increased blood pressure. He said with the increased blood pressure they could have a stroke or heart attack. He said the DON should ensure the nursing staff obtained hold blood pressure parameters.</p> <p>Review of a facility policy titled Storage of Medications Revised on [DATE] indicated .all drugs and biologicals in a safe, secure and orderly manner. 1. Drugs and biologicals used in the community are stored in a locked compartments under proper temperature, light, and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 2.are stored in the packaging, containers, or other dispensing systems in which they were received .3.nursing staff is responsible for maintaining medication storage and preparation .4.discontinue, outdated or deteriorated drugs .</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a facility's Administering Medications policy revised ,d+[DATE] indicated .medications are administered in a safe and time manner, and as prescribed .the director of nursing services supervises and directs all personnel who administer medications and/or have related functions .the following information is checked/verified for each resident prior to administering medication .vital signs .</p>		

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 03/19/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on interview and record review, the facility failed to ensure each resident's drug regimen was free from unnecessary medications (is a medication used: In excessive doses (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indication for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued) for 1 of 5 residents (Resident #22) reviewed for unnecessary medications.</p> <p>The facility failed to ensure Resident #22 did not received Nitrofurantoin Macrocrystal (is used to treat urinary tract infections (is a bacterial infection in the urinary system)) for prophylactic use.</p> <p>This failure could place residents receiving antibiotics at risk for unnecessary antibiotic use, inappropriate antibiotic use, and increased antibiotic-resistant infections (happens when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them).</p> <p>Findings included:</p> <p>Record review of Resident #22's face sheet dated 3/18/25 indicated Resident #22 was an [AGE] year-old female admitted on [DATE] and readmitted on [DATE]. Resident #22 had diagnoses including neuromuscular dysfunction of bladder (occurs when the nerves controlling bladder function are damaged, leading to difficulties in bladder control and emptying) and chronic kidney disease, stage 3 (kidneys have mild to moderate damage and are less able to filter waste and fluid out of your blood).</p> <p>Record review of Resident #22's quarterly MDS assessment dated [DATE] indicated Resident #22 was understood and had the ability to understand others. Resident #22 had a BIMS score of 04 which indicated severe cognitive impairment. Resident #22 required substantial/maximal assistance for toileting hygiene. Resident #22 had an indwelling catheter. Resident #22 had frequent bowel incontinence. Resident #22 had received an antibiotic during the last 7 days of the assessment period.</p> <p>Record review of Resident #22's care plan dated 3/4/25 indicated Resident #22 was on antibiotic therapy prophylactic. Intervention included administer antibiotic medications as ordered by the physician. Monitor/document side effects and effectiveness every shift.</p> <p>Record review of Resident #22's consolidated physician order dated 3/18/25 indicated Nitrofurantoin Macrocrystal Oral Capsule 50mg, give 1 capsule by mouth in the morning for prophylactic. Started on 12/17/24.</p> <p>Record review of Resident #22's MAR dated 3/1/25-3/31/25 indicated Nitrofurantoin Macrocrystal Oral Capsule 50mg, give 1 capsule by mouth in the morning for prophylactic. Started on 12/17/24. Resident #22 received 18 out of 18 doses.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 10:27 a.m., ADON H, the Infection Control Preventionist, said she had been the ADON at the facility since June 2024. She said MD U prescribed Resident #22 prophylactic antibiotic. She said MD U prescribed the prophylactic antibiotic because Resident #22 had constant urinary tract infections with an indwelling catheter. She said Resident #22 only displayed altered mental status when she had urinary tract infections. She said Resident #22 antibiotic use did not met McGeer criteria (a set of clinical guidelines used to identify and diagnose healthcare-associated infections (HAIs) in long-term care facilities). She said before the facility prescribed Resident #22 a prophylactic antibiotic, they tried encouraging fluids, flushing her indwelling catheter, and prescribed an over-the-counter medication. She said Resident #22 was being followed by a urologist (is a medical doctor who specializes in the diagnosis and treatment of diseases and conditions of the urinary tract and the reproductive system) and the urologist was aware Resident #22 was on a prophylactic antibiotic. She said typically the facility prescribed probiotics when a resident was on long term antibiotic use. She said Resident #22 was not on a probiotic. She said she did not know why a probiotic was not started on Resident #22. She said she was not the ICP when Resident #22 started prophylactic antibiotics. She said Resident #22 had not shown a decrease in urinary tract infection while being on a prophylactic antibiotic. She said Resident #22's last hospital admission in January 2025 was for a urinary tract infection. She said she was responsible for consulting the prescribing medical doctor about Resident #22's prophylactic antibiotic use not preventing urinary tract infections. She said MD U wanted Resident #22 to see the urologist for the reoccurring urinary tract infections. She said the family decided against seeing the urologist and placed Resident #22 on hospice due to her declining health. She said hospice continued Resident #22's prophylactic antibiotic after she was their service. She said she let hospice with the family input, decide which medications to continue and discontinue. She said antibiotics were supposed to be prescribed for short periods of time. She said long term antibiotic use took away the resident's normal flora which was why probiotic were important. She said when the resident's normal flora and good bacteria was removed, it could cause more illnesses.</p> <p>During an interview on 3/19/25 at 12:51 p.m., LVN K said it was not recommended for residents to be on an antibiotic without an infection. She said being on antibiotic without an infection could cause super bugs (are bacteria that have developed resistance to multiple antibiotics, making them difficult or impossible to treat). She said the resident was also taking a medication not needed. She said the ADONs were responsible for monitoring resident's antibiotic use.</p> <p>During an interview on 3/19/25 at 2:15 p.m., the DON said the facility followed the physician order related to Resident #22 prophylactic antibiotic use. She said the facility followed the McGeer criteria for antibiotic use. She said Resident #22's prophylactic antibiotic use did not met the McGeer criteria. She said prophylactic antibiotic use increased antibiotic resistance. She said it was not realistic to always met McGeer criteria when prescribing antibiotics. She said Resident #22 had frequent urinary tract infection. She said Resident #22 was on hospice so the facility let them decide the continued use of the antibiotic. She said Nitrofurantoin was normally prescribed to help relieve urine tract infection symptoms not really to treat the infection. She said antibiotic use created adverse responses which was not what the facility wanted.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator, with the VP of Operations present, said the ICP was responsible for antibiotic use. He said he expected nursing staff and management to follow the facility's policy. He said prophylactic antibiotic use placed residents at risk for not treating the right organism and infections.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a facility's Infection Prevention and Control Program policy revised 8/2016 indicated . antibiotic stewardship .culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities .medical criteria and standardized definitions of infections are used to help recognize and manage infections .antibiotic usage is evaluated and practitioners are provided feedback on reviews .</p>

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49019</p> <p>Based on observations, interviews, and record review, the facility failed to ensure in accordance with state and federal laws, all drugs and biologicals were stored in locked compartments for 5 of 29 residents (Residents #29, #39, #42, #55, and #84) reviewed for storage of medication.</p> <ol style="list-style-type: none"> 1. The facility failed to securely store Resident #29's Benadryl and Neosporin cream found at her bedside table on [DATE]. 2. The facility failed to securely store Resident # 39's Systane eye drops found at her bedside table on [DATE]. 3. The facility failed to securely store Resident #42's Oxymetazoline HCL 0.05% (nasal decongestant) and a powdery substance in a medication cup located on beside table on [DATE]. 4. The facility failed to securely store Resident # 84's Visine eye drops located on her bedside table on [DATE]. 5. The facility failed to securely store over the counter medications for Resident #55. <p>These failures could place residents at risk for adverse reactions to medications or overdose.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #29's Face sheet dated [DATE] indicated the resident was a 90-year- old female who readmitted to the facility on [DATE] with diagnoses of Alzheimer's disease (a type of dementia that affects memory, thinking and behavior) Hypertension (a condition that affects the bodies arteries due to the force of the blood pushing against the artery walls is consistently too high), and Hyperlipidemia (a condition of high cholesterol or fats in the blood). <p>Record review of Resident #29's MDS assessment, dated [DATE], indicated the resident had a BIMS score of 10 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #29 required supervision with bathing and supervision with dressing upper and lower body.</p> <p>Record review of Resident #29's Care Plan created on [DATE] indicated the resident had ADL self-care performance deficits related to activity intolerance, Alzheimer's, Dementia, and impaired balance. The care plan initiated on [DATE] indicated resident was on over the counter medication that she could keep at her bedside and was able to pass her self-administration test. Interventions included Resident #29 could administer over the counter medications per MD orders.</p> <p>During an interview and observation on [DATE] at 9:39 AM, Resident #29 had Benadryl cream and Neosporin on her bedside table. Resident #29 said the staff were aware she had medication in her room. Resident #29 said she applies the medications on her skin if she gets a rash. She denied any current rashes.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #39's Face sheet dated [DATE] indicated the resident was a 94-year- old female who admitted to the facility on [DATE] with diagnoses of collapsed vertebra (a thick oval segment of bone that makes up the front of a vertebra becomes compressed and loses its normal height) , wedge compression fracture of lumbar vertebra (a type of compression fracture occurs when one side of your vertebrae collapses) and hypertensive heart disease with heart failure (a condition caused by prolong high blood pressure which can lead to heart failure).</p> <p>Record review of Resident #39's MDS assessment, dated [DATE], indicated the resident had a BIMS score of 9 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #39 was dependent bathing, dressing and personal hygiene.</p> <p>Record review of Resident #39's MAR dated [DATE]-[DATE], indicated the resident did not have an order for Systane lubricant eye drops.</p> <p>During an observation on [DATE] at 2:59 PM, Resident #39 observed to have eye drops Systane lubricant eye drops on the bedside table.</p> <p>3. Record review of Resident #42's Face sheet dated [DATE] indicated the resident was a 81-year- old male who admitted to the facility on [DATE] with diagnoses of acute gastritis with bleeding (an inflammation of the lining of the stomach), gastrointestinal hemorrhage (a sign of bleeding in the digestive tract), Hypertensive heart disease with heart failure (a condition caused by prolong high blood pressure which can lead to heart failure) and urinary calculus (harden deposits of minerals that form in the kidney and cause pain as they pass through the urinary tract).</p> <p>Record review of Resident #42's MDS assessment, dated [DATE], indicated the resident had a BIMS score 9 which indicated the resident had moderate cognitive impairment. The MDS also indicated Resident #42 was dependent with all activities of daily living (ADL).</p> <p>Record review of Resident #42's Care Plan created on [DATE] indicated the resident had little to no activity involvement due to disinterest, immobility and physical limitations. The care plan revised on [DATE] indicated the resident wanted his RP to handle talking with physicians, staff members and nurses about care. Interventions included to administer medications as ordered and monitor and document effects and effectiveness. The care plan did not indicate Resident #42 was assessed for self-administering medication.</p> <p>Record review of Resident #42's MAR dated [DATE]-[DATE] indicated the resident was oxygen pm [DATE] at 2 liters and no nasal spray was ordered.</p> <p>During an interview and observation on [DATE] at 11:14 AM, Resident #42 said he was not feeling well, and RP was at bedside. The RP said the resident recently returned from the hospital. The RP was concerned Resident #42 was sleeping too much.</p> <p>During an interview and observation on [DATE] at 3:43 PM, Resident #42 had a medication cup sitting behind a bag located on the nightstand. The medication cup observed to have a white powdery substance in the cup, a nasal spray Oxymetazoline HCL 0.05% (nasal decongestant) was observed in his tissue box located on his bedside table. The RP said she had brought in the medication to use for him. The RP said she did not make the staff aware she brought the medication but was in plain view.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 3:45 PM, LVN T said she could not identify the white powdery substance in the medication cup. She felt the medication in the cup was Nystatin powder and must have been left in the room and she forgot to remove it from his room. She said the resident could have taken the nystatin powder by mouth causing him an adverse reaction. She said it was a small mistake.</p> <p>4. Record review of Resident #84's Face sheet dated [DATE] indicated the resident was a 79-year-old female who admitted to the facility on [DATE] with diagnoses of nonalcoholic steatohepatitis (a liver problem that affects people who drink little to no alcohol), Dysphagia (a condition with difficulty swallowing food or liquid), paralysis of vocal cords and larynx (a condition where the muscles that control the vocal cords lose their ability to function properly), severe protein-calorie malnutrition (a condition when the body does not get enough protein and calories) and gastrostomy (a feeding tube inserted into the stomach through the abdomen).</p> <p>Record review of Resident #84's MDS assessment, dated [DATE], indicated the resident had a BIMS score of 2 which indicated the resident had severe cognitive impairment. The MDS also indicated Resident #84 was dependent with all activities of daily living (ADL).</p> <p>Record review of Resident #84's Care Plan created on [DATE] indicated the resident had impaired cognitive function and impaired thought processes with difficulty making decisions. The interventions included administering medications as ordered and to monitor and document side effects for effectiveness. There was no care plan indicating resident was able to self-administer medications.</p> <p>Record review of Resident #84's MAR dated [DATE] indicated Resident #84 had an order for artificial tears ophthalmic solution 0XXX,d+[DATE].6 % to instill 2 drops in both eyes every 8 hours as needed for dry eyes.</p> <p>During an observation and interview on [DATE] at 2:39 PM, Resident # 84 observed to have Visine eye drops located on her bedside table. Resident #84 had difficulty speaking due to her diagnosis of paralysis of her vocal cords and was difficult to understand.</p> <p>During an interview on [DATE] at 9:17 AM, CNA P said residents should not have over the counter medications in their room. CNA P said she would remove an over the counter (OTC) medication and notify the nurse. She said the over the counter (OTC) medications should be locked up and no residents should have medications in their room. The CNA P said the nurses were responsible for ensuring medications are put up.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 8:56 AM, LVN M said the nursing staff should never leave medications in a resident's room. LVN M said over-the-counter medications that are self-administered should be care planned and an assessment for self-administration would determine if a resident was able to self-administer the medications. LVN M said the residents should not have nasal sprays, Neosporin, Benadryl cream, medication cups with medications in their rooms without an order and if they are able to self-administer. LVN M said if a resident was capable and had completed an assessment, the medication could not be sitting out in the open and should be stored in a drawer. LVN M said the facility had some dressers that locked. LVN M said the medication could get in the wrong hands and a person could have an adverse reaction or a fatal reaction. She said the nurses were responsible for ensuring medications were properly stored and were not expired. LVN M said the nurses should educate the resident and families on medications brought in the facility and there should be an order on the MAR. LVN M said if another staff member observed a medication in the room, then they needed to report it to the nurse and then follow the chain of command.</p> <p>During an interview on [DATE] at 11:30 AM, LVN N said residents should not have over the counter eye drops, nasal sprays, ointments unless they had an assessment indicating they can self-administer medications. LVN N said there should be an order for the medication and care planned. LVN N said the medication should be store in a lock box in the resident room. She said she expected the CNAs to report any OTC medications observed in a resident's room. LVN N said the resident could have an allergic reaction to the medication. LVN N said the nurses were responsible for medications and putting in the orders.</p> <p>During an interview on [DATE] at 1:14 PM, ADON H said residents were not able to have medications at bedside. She said the residents must have a self-administration assessment and an order for the medication. ADON H said Resident # 29 did not have an order for Benadryl or Neosporin. The ADON H said Resident #29 did have a self-administration assessment completed but was not specific to what medications she could self-administer. ADON H said the following residents did not have an order or self-administration assessment completed:</p> <p>Resident #39- no order for eye drops.</p> <p>Resident #42- no order for nasal sprays.</p> <p>Resident #84- no order for eye drops.</p> <p>ADON H said Resident #42 did not have orders to crush his medications and thought the white powdery substance could have been his nystatin powder. She said it could cause damage if a resident took the white powdery substance by mouth making him sick. ADON H said medications left in a resident's room could cause harm to others and make them sick if taken. She said medications were allowed in a resident's room and should be stored in a drawer so others would not get it. ADON H said the DON was the nurse who completed the self-administration assessments. The ADON H said the nurses should make sure the medications were being stored out of reach of other residents. ADON H said the facility makes Angel rounds and they would put the medications in a drawer if identified.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 2:05 PM, the DON said residents were allowed to have medications at bedside with the proper medications and orders. The DON said the medications should be out of plain view. The DON said depending on the medication, a visitor or other resident could have an adverse effect if obtained. The DON said the facility would have to call poison control if consumed. The DON said the nurses were responsible for ensuring medications were properly stored and not expired.</p> <p>During an interview on [DATE] at 2:21 PM, the ADM said residents could have bedside medications. The ADM said the resident should be cognizant of the usage of the medications. He said there should be an assessment that was performed to determine if a resident was able to self-administer. The ADM said he thought the social worker was responsible for making sure the self-administration assessments were completed. The ADM said a resident should have an order for the medication. The ADM said the DON was responsible for ensuring OTC medications have an order. The ADM said the nursing staff were responsible for making sure the medications were properly stored. The ADM said if a resident or visitor obtained medications that were not prescribed to them or expired, it could be detrimental including death.</p> <p>5. Record review of the face sheet [DATE] indicated Resident #55 was [AGE] years old and was admitted on [DATE] with diagnoses including Senile Degeneration of Brain (a group of conditions that cause a progressive decline in cognitive function, memory, and behavior), Alzheimer's Disease (a progressive neurodegenerative disorder that primarily affects memory, thinking, and reasoning skills, eventually leading to the inability to perform daily task), Hyperlipidemia (a condition characterized by high levels of fats (lipids) in the blood).</p> <p>Record review of the MDS dated [DATE] indicated Resident #55 was understood and understood others. The MDS indicated a BIMS score of 02 indicating Resident #55 was severely cognitively impaired.</p> <p>Record review of a care plan revised on [DATE] indicated Resident #55 had an ADL self-care performance deficit related to activity intolerance and impaired balance.</p> <p>During an observation and interview on [DATE] at 10:18 a.m. it was observed that a bottle of skin cleanser (chlorhexidine gluconate) was observed in the resident's bathroom on top of the medicine cabinet. Resident #55 is unable to answer questions due to cognitive decline.</p> <p>During an interview on [DATE] at 8:28 a.m. RN A said that any medication or skin cleanser is not allowed in a resident's room as it should be secured. She said it could be dangerous if a resident swallowed chlorhexidine gluconate.</p> <p>During an interview on [DATE] at 1:13 p.m., the Director of Nurses said that antimicrobial antiseptic skin cleansing products should not be left in a resident's room. She said that it was the responsibility of all staff to ensure that prohibited items are not in resident's rooms. She said that she would have to call poison control if a resident ingested this type of chemical and she does not know the risk.</p> <p>During an interview on [DATE] at 1:40 p.m., the Administrator said prohibited chemicals are not allowed to be left in a resident's room. He said that residents could place themselves at risk for poisoning themselves. He said it was the responsibility of all staff to ensure that prohibited items are not left in a resident's room.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ADM.</p> <p>Review of a facility policy titled Self-administration of Medications undated, indicated Purpose .Each resident has the right to self-administer medications . The interdisciplinary team evaluates each resident who expresses wishes to self-administer medications to determine if the resident is safe to do so, and if so, provides the education and monitoring necessary to provide safe administration. Guidelines .1. When admitted , alert residents shall be informed of their rights to self-administer medications. 2.the clinical team perform an assessment to the competence .3.nurse is to interview the resident .4.a decision should be made by the IDT members as to whether the resident is a candidate for self-administration .5.the nurse is to obtain a physician's order for self-administering .6.nurse, medication aide is still to verify consumption of medication and document on the medication administration record .7.Storage of self-administered medications should comply with state and federal requirements .a. if medication the resident is requesting is an OTC this should be noted and can be stored in resident room in a drawer out of site .8.error if made by the resident self-administering medications, the nurse and IDT may review the resident's ability .</p> <p>Review of a facility policy titled Storage of Medications Revised on [DATE] indicated .all drugs and biologicals in a safe, secure and orderly manner. 1. Drugs and biologicals used in the community are stored in a locked compartments under proper temperature, light, and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 2.are stored in the packaging, containers, or other dispensing systems in which they were received .3.nursing staff is responsible for maintaining medication storage and preparation .4.discontinue, outdated or deteriorated drugs .6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals are locked when not in use .</p> <p>45643</p>		

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 03/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49019</p> <p>Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 29 residents (Resident # 20) reviewed for infection control practices.</p> <p>1. The facility failed to ensure LVN O applied enhanced barrier precautions while providing medication administration to Resident # 20 on 3/18/2025 at 1:18 PM.</p> <p>These failures could place residents at risk of cross-contamination and infections leading to illness.</p> <p>Findings included:</p> <p>Record review of Resident #20's Face sheet dated 3/19/2025 indicated the resident was a 49-year- old male who was readmitted to the facility on [DATE] with diagnoses of cerebral palsy (a group of conditions that affect movement and posture), Dysphagia (a term for difficulty swallowing), Aphasia (a disorder that affects how you communicate, usually after a stroke or head injury), Epilepsy (a brain disorder that causes recurring, unprovoked seizures), gastroparesis (a condition that affects the normal spontaneous movement of the muscles in your stomach), and gastrostomy (a feeding tube inserted into the stomach through the abdomen).</p> <p>Record review of Resident #20's MDS assessment, dated 2/1/2025, indicated the resident was rarely and never understood. The MDS also indicated Resident #20 was dependent with all activities of daily living (ADL).</p> <p>Record review of Resident #20's Care plan initiated on 4/24/2024, indicated Resident #20 required tube feedings related to dysphagia and was nothing by mouth. Resident #20's care plan initiated on 12/6/2024 indicated he was on enhanced barrier precautions related to risk for multidrug-resistant organism (MDRO) due to indwelling medical device feeding tube. Interventions included Enhanced barrier precautions to be utilized during ADL's including but not limited to dressing, bathing, transferring, providing hygiene, changing linens/briefs or when toileting, caring for indwelling medical device and wound care of chronic wounds.</p> <p>During an observation on 3/18/2025 at 1:49 PM, LVN O was observed administering medication for Resident #20 via peg tube. LVN I was not wearing proper personal protective equipment while checking placement and administering routine medication.</p> <p>During an interview on 3/18/2025 at 1:49 PM LVN O said she forgot to put on her protective personal equipment (PPE) prior to administering medication via peg tube. LVN O said she was sorry, and she was supposed to wear PPE while administering Resident #20's medication. LVN O said personal protective equipment should be worn while administering medication via a resident's peg tube. She said the facility had plenty of PPE to provide care. LVN O said infection control was responsible for ensuring PPE was worn. LVN O said wearing PPE protected her from the resident. LVN O said she was an agency nurse and did not work at the facility often. LVN O said she had been educated on EBP and PPE.</p> <p>(continued on next page)</p>

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 03/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/2025 at 8:36 AM, CNA P said she had been in-serviced on Enhanced barrier precautions and personal protective equipment (PPE). CNA P said EBP were used to prevent cross-contamination and the facility had plenty of PPE. CNA P said the nurses were responsible for ensuring proper PPE was worn. She said if she observed another staff member not wearing proper PPE, she would correct the staff and teach them to wear PPE.</p> <p>During an interview on 3/19/2025 at 8:56 AM, LVN M said anytime a staff provided a resident care such as residents with dialysis port, foley catheter, Peg tube and wounds, EBP precautions should be adhered to, and PPE would be worn. LVN M said PPE should be worn while administering medications with a resident on a feeding tube. She said the PPE would be disposed of prior to exiting the resident's room and the nurse should wash their hands. LVN M said she had been in-serviced on PPE and EBP. She said it was to protect the resident and staff. LVN M said medical devices on residents place them at higher risk for infection and prevents potential splashes on staff. She said she would remind staff if she observed them providing care to a resident while not wearing proper PPE and report to the DON. LVN M said the charge nurse, ADON, and DON were responsible for ensuring staff were wearing proper PPE while providing care.</p> <p>During an interview on 3/19/2025 at 11:30 AM, LVN N said residents who have a foley catheter, g-tubes, covid, IV and wounds require enhanced barrier precautions and PPE. She said proper PPE was important to prevent cross-contamination. LVN N said staff entering the resident's room was responsible for wearing PPE. LVN N said she had been in-serviced on PPE and EBP. She said she would tell staff to start over and wear proper PPE if she observed they were not following proper procedures.</p> <p>During an interview on 3/19/2025 at 1:14 PM, ADON H said all staff had been in-serviced on enhanced barrier precautions (EBP). She said resident who had foley catheters, peg-tubes and wounds required EBP and PPE. She said PPE should be worn when providing direct care with gown and gloves. She said wearing proper PPE was included in administering medications to Resident #20 who had a peg-tube. ADON H said the facility had plenty of PPE to provide care. She said the facility would educate staff who was identified to not properly wearing PPE with residents on EBP. ADON H said the nurses were responsible for ensuring staff was wearing proper PPE.</p> <p>During an interview on 3/19/2025 at 2:05 PM, the DON said the facility had in-serviced staff of enhanced barrier precautions (EBP). She said the facility had plenty of PPE for the staff to provide care. The DON said she expected her staff to report other staff not wearing the proper PPE. She said multidrug-resistant organisms could spread, which was the whole point of wearing proper PPE.</p> <p>During an interview on 3/19/2025 at 2:21 PM, the Administrator said he expected the nurses and staff to adhere to the enhanced barrier precautions for each resident and was knowledgeable about the signs posted on the resident's door. He said the facility had plenty of PPE. The Administrator said the DON was responsible for ensuring staff were wearing proper PPE while providing direct care. He said he would expect staff to report other staff members who were not adhering to the enhanced barrier precautions. The Administrator said it puts the staff at risk for contracting what the resident has and passing it on to other staff and an outbreak could occur.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a policy titled Infection Prevention and control program revised on August 2016 indicated . infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. 2.elements of the infection prevention and control program consist of coordination and oversight, policies and procedure, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety.</p> <p>Record review of Centers for Disease Control (CDC) titled 'Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities dated June 2021 indicated .Healthcare Infection Control Practices Advisory Committee (HICPAC) is a federal advisory committee chartered to provide advice and guidance to the Centers for Disease Control Executive Summary .1. (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality .2. Enhanced barrier precautions (EBP) are an infection control intervention designed to reduce transmission of resident organisms that employs targeted gown and glove use during high contact resident care activities. 3. EBP may be indicated for resident with any of the following: a. wounds or indwelling medical devices, regardless of MDRO colonization status, b. infection of colonization with MDRO. 4. Effective implementation of EBP requires staff training on the proper use of personal protective equipment and the availability of PPE and hand hygiene supplies at the point of care. Background .Resident in skilled nursing facilities were disproportionately affected by multidrug-resistant organism (MDRO).Resident to resident pathogen transmission in skilled nursing facilities occurs .Residents who have complex medical needs .In 2019, CDC introduced a new approach to the use of personal protective equipment called Enhanced Barrier Precautions (EBP). This new approach recommends gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission.</p>

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 03/19/2025
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on observation, interview, and record review, the facility failed to promote antibiotic stewardship by ensuring the appropriate use of antibiotic therapy and providing written rationale, by the provider, when an antibiotic was used despite criteria, to determine the appropriate the use of an antibiotic for 1 of 2 residents reviewed antibiotic use. (Resident #47)</p> <p>The facility failed to ensure Resident #47 received the appropriate antibiotic to treat her urinary tract infection on 2/22/25.</p> <p>This failure could place residents receiving antibiotics at risk for unnecessary antibiotic use, inappropriate antibiotic use, and increased antibiotic-resistant infections.</p> <p>Findings included:</p> <p>Record review of Resident #47's face sheet dated 3/18/25 indicated Resident #47 was a [AGE] year-old female admitted on [DATE]. Resident #47 had diagnosis including urinary tract infection (is a bacterial infection in the urinary system), severe sepsis (is a serious condition in which the body responds improperly to an infection) with septic shock (a widespread infection causing organ failure and dangerously low blood pressure), and neuromuscular dysfunction of bladder (the nerves that carry messages back and forth between the bladder and the spinal cord and brain don't work the way they should).</p> <p>Record review of Resident #47's admission MDS assessment dated [DATE] indicated Resident #47 was understood and had the ability to understand others. Resident #47 had a BIMS score of 11 which indicated moderate cognitive impairment. Resident #47 required substantial/maximal assistance for toileting hygiene. Resident #47 had an indwelling catheter. Resident #47 always had bowel continence.</p> <p>Record review of Resident #47's care plan dated 2/4/25 indicated Resident #47 had an indwelling catheter. Intervention included monitor/record/report to MD signs and symptoms of a urinary tract infection.</p> <p>Record review of Resident #47's consolidated physician order dated 2/24/25 indicated Cipro (is used to treat bacterial infections in many different parts of the body) Oral Tablet 500mg (Ciprofloxacin HCl), give 1 tablet by mouth two times a day for UTI for 7 days. Started on 2/24/25.</p> <p>Record review of Resident #47's MAR dated 2/1/25-2/28/25 which indicated Cipro Oral Tablet 500mg (Ciprofloxacin HCl), give 1 tablet by mouth two times a day for UTI for 7 days. Started on 2/24/25. Resident #47 received 10 out of 10 scheduled doses.</p> <p>Record review of Resident #47's MAR dated 3/1/25-3/31/25 which indicated Cipro Oral Tablet 500mg (Ciprofloxacin HCl), give 1 tablet by mouth two times a day for UTI for 7 days. Started on 2/24/25. Resident #47 received 4 out of 4 scheduled doses.</p> <p>Record review of Resident #47's progress notes dated 1/1/25-3/18/25 indicated:</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*On 2/22/25 at 2:42 p.m. by LVN F, .Resident #47 noted with supra catheter leaking .MD notified new order to send to emergency room to replace catheter .</p> <p>*On 2/22/25 at 3:46 p.m. by LVN F, .Returned from emergency room for catheter change .new orders received for Cipro 500mg one tablet by mouth twice a day times 7 days for treatment of UTI .</p> <p>Record review of Resident #47's hospital urine culture (is a laboratory test that analyzes a urine sample to detect and identify bacteria or other microorganisms that may be causing a urinary tract infection (UTI)) dated 2/22/25 indicated .greater than 100,000 CFU/ml Proteus Mirabilis (is a Gram-negative bacterium that is a common cause of urinary tract infections (UTIs)) .susceptibility (is used to determine which antimicrobials will inhibit the growth of the bacteria) .Ciprofloxacin . resistant .</p> <p>During an interview and observation on 3/17/25 at 10:22 a.m., Resident #47 was lying in bed with a hospital gown on. Resident #47 said she had a suprapubic catheter, pressure ulcer, and feeding tube. She said she had several urinary tract infections, but currently did not have one. Resident #47 had a catheter bag hang on the side of bed. Resident #47's catheter bag had a moderate amount of light amber colored urine.</p> <p>During an interview on 3/19/25 at 10:27 a.m., ADON H, the ICP, said the physician was responsible to ensure the residents were treated with an antibiotic susceptible to the organism growing. She said on 2/22/25, Resident #47 returned to facility from the emergency room with an order for Cipro. She said the facility had to wait on the hospital urinalysis with culture and sensitivity results to be released. She said Resident #47's culture and sensitivity results came back a few days later and showed Ciprofloxacin (Cipro) was resistant to proteus mirabilis. She said she did not know if the physician was aware of the culture and sensitivity results. She said she was responsible for contacting the physician if a resident was prescribed an antibiotic that was resistant to the current treatment. She said she was aware Resident #47 was on an antibiotic resistant to the organism growing in her urine. She said she did not contact MD V about Resident #47's culture and sensitivity results because MD V was not open to conversation related to her prescribed treatments. She said she it was important for a resident to be on a susceptible antibiotic so the organism could be treated. She said if not, then the resident was basically taking an antibiotic for nothing. She said it placed the resident at risk for delayed treatment which could result in sepsis.</p> <p>During an interview on 3/19/25 at 12:51 p.m., LVN K said the nursing staff should notify the physician if a resident was on an antibiotic resistant to the organism. She said being on the correct antibiotic was important to get rid of the organism. She said if a resident's UTI was not treated with the right antibiotic, it could affect the resident's mind and make them sicker. She said she was not aware Resident #47 had been on a resistant antibiotic in March 2025.</p> <p>During an interview on 3/19/25 at 1:37 p.m., NP J, the NP for MD V's office, said MD V was out of town. She said she could only review what the facility had sent by fax to the office. She said the facility could have contact MD V about Resident #47's results by phone or text messages. She said she did not see any communication, by fax, related to Resident #22's culture and sensitivity results from 2/22/25. She said normally if a resident was on a resistant antibiotic, they would change the prescribed antibiotic to a susceptible antibiotic. She said it was important to treat the organism with a susceptible antibiotic because the resident could become more susceptible to antibiotic resistance.</p> <p>(continued on next page)</p>		

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 03/19/2025
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/25 at 2:15 p.m., the DON said the physician was responsible to ensure the residents were treated with an antibiotic susceptible to the organism. She said the staff member who received Resident #47's culture and sensitivity result were responsible for contacting the physician. She said there was no documentation in Resident #47's progress notes related to MD V being notified about the culture and sensitivity results from 2/22/25. She said it was important for the prescribed antibiotic to treat the organism growing. She said it was for completion of care. She said the DON was responsible for ensuring nursing staff contacted the physician related to culture and sensitivity results.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator, with the VP of Operations present, said the nurses were responsible for contacting the physician about urinalysis results. He said the nurses should also follow up with the doctor if new results arrived and a new order was needed. He said Resident #47 was medicated for something that was not going to work. The VP of Operations said Resident #47 was not going to get better if she was given an antibiotic not susceptible to her urinary tract infection. He said the DON and/or ICP were responsible for ensuring nursing staff contacted the physician related to culture and sensitivity results.</p> <p>Record review of a facility's Antibiotic Stewardship policy revised 12/2016 indicated .antibiotics will be prescribed and administered to residents under the guidance of the community's antibiotic stewardship program .the purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our resident .when a culture and sensitivity (C&S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued .</p>		

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 03/19/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44933</p> <p>Based on observation, interviews and record review, the facility failed to ensure residents had the right to a clean, comfortable, and homelike environment, which included but not limited to receiving treatment and supports for daily living safety, for 1 of 4 halls (Hall 200) reviewed for a homelike environment.</p> <p>The facility failed to ensure Hall 200's armed exit door near the designated smoke area and laundry, was functioning correctly and not alarming on 3/17/25 and 3/18/25.</p> <p>This failure could place residents at risk for diminished quality of life in an environment that is not homelike.</p> <p>Findings included:</p> <p>During an observation on 3/17/25 at 11:11 a.m., the Hall 200 exit door was entered by a staff member. The Hall 200 exit door shut behind the staff member. The Hall 200 exit door started alarming. The staff member who entered the exit door was partially down the hall when the Hall 200 door alarmed. A housekeeping staff member securely shut the exit door previously entered by another staff member. The Hall 200 exit door stopped alarming.</p> <p>During an interview on 3/17/25 at 11:41 a.m., Anonymous Resident (AR) #1 said the Hall 200 exit door alarmed all day and night. AR #1 said the alarm was annoying and interrupted his/her sleep.</p> <p>During an interview on 3/17/25 at 4:15 p.m., Anonymous Resident #2 said Hall 200 was very loud. AR #2 said the exit door alarming got on his/her nerves.</p> <p>During an observation on 3/18/25 at 8:49 a.m., the Hall 200 exit door alarmed after a staff member entered the exit door. The staff member who entered the exit door was partially down the hall when the Hall 200 door alarmed. Another staff member securely shut the exit door previously entered by another staff member. The Hall 200 exit door stopped alarming.</p> <p>During an observation on 3/18/25 at 9:03 a.m., the Hall 200 exit door alarmed after a staff member exited the door. Another staff member securely shut the exit door previously exited by another staff member. The Hall 200 exit door stopped alarming.</p> <p>During an interview on 3/18/25 at 1:27 p.m., Anonymous Resident #3 said the Hall 200 exit door was the general smoking area used mostly by the staff. AR #3 said the alarm went off all the time. AR #3 said the weather changes made the exit door alarm more. AR #3 said the alarm had gone off for at least 10 minutes before someone stopped it. AR #3 said the residents who ate their meals on the hall, had to stop eating to turn off the alarm on the exit door. AR #3 said the alarm on the exit door interrupted his/her sleep and meals.</p> <p>(continued on next page)</p>

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 03/19/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/19/25 at 10:00 a.m., CNA G said she had worked at the facility on and off for [AGE] years. She said she primarily worked the 200 hall. She said the facility fixed the Hall 200 exit door sometime last week. She said when staff went out of the door, the magnet did not latch and caused a loud beeping noise. She said a lot of the resident from room [ROOM NUMBER]-224 complained about the loud beeping noise. She said the loud beeping noise, from the door not latching good, had been going on since at least February 2025. She said when she came back full time to the facility in February 2025, the 200 hall exit door alarmed excessively. She said staff had been instructed to make sure the exit door was completely shut. She said a lot of staff said they were not going to make sure it was closed because maintenance needed to fix it. She said the exit door excessively alarmed all times of day and night. She said the excessive alarming probably affected the resident's sleep.</p> <p>During an observation on 3/19/25 at 10:25 a.m., a staff member exited the Hall 200 exit door. When the exited door closed, a motor sound was heard then a latching noise. The Hall 200 door did not alarm.</p> <p>During an interview on 3/19/25 at 12:51 p.m., LVN K said the Hall 200 exit door near the smoking area had been alarming a lot for about a year. She said it was the excessive beep noise was terrible and she felt bad for the residents. She said staff had been told to make sure the exit door was completely closed. She said a lot of the resident had complained about the exit door alarming excessively. She said the excessive alarming affected the resident's mood and sleep.</p> <p>During an interview on 3/19/25 at 2:10 p.m., the Maintenance Supervisor L said the Hall 200 exit door had intermittent issues for the last 4 months. He said about 4 months ago, one of the ADONs reported to him the maglock (is a locking device that consists of an electromagnet and an armature plate) was ripped off the door. He said after that incident, the 200 hall exit door started excessively alarming. He said he tried to fix the door himself several times. He said he also tried to adjust the door several times. He said the 200 hall exit door was not locking causing it to alarm. He said when the exit door alarmed excessively, it was all the time, day, and night. He said he only knew of one resident complaining about the excessive alarming. He said the facility had called out to a company to look at the exit door. He said the company came out last Friday (3/14/25) and Wednesday (3/19/25) to look at the 200 hall exit door. He said the door was completely fixed now.</p> <p>During an interview on 3/19/25 at 2:15 p.m., the DON said a company was just at the facility fixing the 200 hall exit door. She said she knew at a period of time, the exit door had issues. She said no residents had complained to her about the excessive alarming. She said the noise level would be loud and disruptive if the Hall 200 exit door was excessively alarming. She said the facility tried to provide the resident a homelike environment, but there was going to be noise.</p> <p>During an interview on 3/19/25 at 3:23 p.m., the Administrator, with the VP of Operations present, said the facility had an issue with the Hall 200 exit door alarming excessively. He said the issue with the Hall 200 exit door had not been for a long period. He said the Maintenance staff were aware of the issue and attempted to fix it. He said there was a period of trial and error trying to get the exit door to stop excessively alarming. He said the staff were instructed to secure the exit door. He said the resident did complain about the excessive alarming.</p> <p>(continued on next page)</p>		

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 03/19/2025
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)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of an undated facility Quality Assurance and Performance Improvement policy which indicated .the community is designed, constructed, equipped, and maintained to protect the health and safety of resident .the accommodation's facilities are expected to make to satisfy the needs of its residents .sound . of particular concern to comfortable sound levels is the resident's control over unwanted noise .		