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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676031 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>05/02/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadow Creek Nursing and Rehabilitation |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4343 Oak Grove Blvd<br>San Angelo, TX 76904 |  |

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

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45411</b></p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 2 of 5 residents (Resident #4 and Resident #5) reviewed for care plans.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure that Resident #4 had a care plan in place for his use of diuretic medication.</li> <li>The facility failed to ensure that Resident #5 had a care plan in place for her use of diuretic medication.</li> </ol> <p>This failure could affect residents by placing them at risk of not receiving individualized care and services to meet their needs.</p> <p>The findings included:</p> <p>Review of Resident #4's Admission Record dated 5/2/24 revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included end stage renal disease with dependence on renal dialysis, congestive heart failure, and benign prostatic hyperplasia (prostate gland enlargement that can cause difficulty urinating).</p> <p>Review of Resident #4's Admission MDS assessment dated [DATE] revealed his short and long-term recall was ok and he was able to independently make consistent/reasonable decisions. He was independent or required only supervision for all ADLs. He was occasionally incontinent of bowel and bladder. He was taking a diuretic and he was receiving hemodialysis.</p> <p>Review of Resident #4's Order Summary Report dated 5/2/24 revealed the following:</p> <p>Furosemide Oral Tablet 40mg 1 tablet by mouth one time a day for edema (revision date 4/22/24)</p> <p>Review of Resident #4's care plan, most recent revision date 4/22/24, revealed no care plan in place for his diuretic use.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676031  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>05/02/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadow Creek Nursing and Rehabilitation  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4343 Oak Grove Blvd<br>San Angelo, TX 76904 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of Resident #5's Admission Record dated 5/2/24 revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included chronic peripheral venous insufficiency (when the veins in the legs do not allow blood to flow back up to the heart), pulmonary heart disease, and high blood pressure.</p> <p>Review of Resident #5's Quarterly MDS assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 6 indicating severe cognitive impairment. She was independent or required setup assistance for all ADLs. She was occasionally incontinent of bladder and was taking a diuretic medication.</p> <p>Review of Resident #5's Order Summary dated 5/2/24 revealed the following:</p> <p>Furosemide Tablet 20mg give 1 tablet by mouth one time a day for edema (revision date 4/12/24)</p> <p>Review of Resident #5's care plan, most recent revision date 11/10/23, revealed no care plan in place for her diuretic use.</p> <p>In an interview on 5/2/24 at 5:05 PM with the MDS Nurse, she stated that she could not believe the care plans for the diuretic were missed for Resident #4 and Resident #5. She stated that all medications should have been care planned with the diagnosis for why the resident was receiving the medication. She stated that interventions should have included what kind of signs and symptoms of the disease process to be aware of, the possible adverse effects the medication could cause, and routine monitoring that would need to be done for the medication being addressed.</p> <p>In an interview on 5/2/24 at 5:32 PM with the DON, she stated that diuretic use should be on a resident's care plan. She stated that the diagnosis associated with the medication's use, side effects of the medication, and monitoring for the medication should all be included in the care plan. She stated that diuretics use would not automatically trigger a care plan from an MDS assessment, so a care plan would have to be put in manually by the MDS Nurse or, if it was a new order, the nurse who took the order. She stated she was not aware that Resident #4 and Resident #5 did not have care plans for their diuretic use.</p> <p>Review of facility's policy titled Care Plans, Comprehensive Person-Centered revision date March 2022, revealed, in part:</p> <p>The comprehensive, person-centered care plan:</p> <p>includes measurable objectives and timeframes; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> |  |  |