

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER Cedar Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Greenwood St San Angelo, TX 76901	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47044</p> <p>Based on interview, and record review the facility failed to review and revise the Comprehensive Care Plan by the interdisciplinary team after each assessment for 1 (Resident #1) of 13 residents.</p> <p>The facility failed to update the care plan for fall interventions for Resident #1 after a fall assessment was completed on 04/13/2025.</p> <p>This failure could affect residents of the facility by placing them at risk for decreased quality of care.</p> <p>Findings included:</p> <p>Record review of Resident #1's electronic file revealed an [AGE] year-old female with an admitted [DATE] and diagnoses of muscle wasting and atrophy (loss of muscle mass and strength), Dementia with agitation (impairment of at least two brain functions like memory loss and judgement), anxiety disorder (persistent worry and fear), Abnormalities of gait (walks differently from normal), cachexia (ill health involving weight loss and muscle loss).</p> <p>Record review of Resident #1 Fall-Risk assessment dated [DATE] revealed a high-risk score of 10.0 with intermittent confusion, no falls in the past 3 months, and ambulatory.</p> <p>Record review of Resident #1's Care Plan on page 11 of 18 last updated on 11/27/24 revealed the resident was at risk for falls with interventions. No updated care plan interventions after 4/13/25 fall assessment.</p> <p>Record review of Nurse's note dated 4/13/25 for Resident #1 revealed an unwitnessed fall in the resident's room, attempted to toilet herself, and discovered on the floor with no noted interventions in place prior to fall on 04/13/2025 and increased monitoring initiated in response to fall.</p> <p>During an interview on 4/26/25 at 1:57 pm with RN A, who stated Resident #1 was a fall risk and staff did interval monitoring on her and reminded Resident #1 to use her call light. RN A stated staff use the 24-hour report and verbal report to receive updates on patients, not reviewing care plans.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/27/25 at 12:25pm with CNA B, who stated Resident #1 had a fall a couple of weeks ago and she heard the fall and went in to find the resident on the floor, and the nurse came and assessed the resident, and the nurse did neuro checks on her and staff increased monitoring on Resident #1. Resident #1 interventions placed were increased monitoring, and her bed in the lowest position too. CNA B stated staff communicate through verbal report on interventions. CNA B does not review care plans. Prior to this fall, her items were to be in reach.</p> <p>During an interview on 4/27/25 at 4:30pm, with the Regional Corporate Nurse, interim DON, who stated the DON would be responsible for updating clinical information in the care plans and he was not aware Resident #1's care plan had not been updated after her fall. He stated he will be auditing all care plans now.</p> <p>Record review of Fall Risk Assessment policy dated 2/01/2007 revealed Preventing falls requires an interdisciplinary program that focuses on modifying the extrinsic factors, correcting intrinsic factors, and educating the resident and family. A Fall Risk Assessment will be completed on admission and after each fall .7. After risk is assessed, individual plans of care will be implemented to prevent falls.</p>		