

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER River Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2091 Bandera Hwy Kerrville, TX 78028	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</p> <p>41651</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents have a right to personal privacy for 1 of 5 residents (Resident #27) observed for nursing care and 8 of (Resident #36, Resident #41, Resident #56, Resident #58, Resident #66, Resident #80, Resident #91, and Resident #105) of 25 residents reviewed for privacy, in that:</p> <ol style="list-style-type: none"> The Treatment nurse did not close Resident #27's window curtain while providing wound care for the resident. Shower sheets for Resident #27, Resident #36, Resident #41, Resident #56, Resident #58, Resident #66, Resident #80, Resident #91, and Resident #105 with the residents' names and details about their medical were found on a table on the 200 hallway. <p>This deficient practice could place residents at-risk of loss of dignity due to lack of privacy.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Record review of Resident #27's face sheet, dated 03/21/2024, revealed an admitted [DATE] and, a readmitted [DATE], with diagnoses which included: Depression(mood disorder that causes a persistent feeling of sadness and loss of interest), Sarcoidosis (disease involving abnormal collections of inflammatory cells that form lumps known as granulomata), Type 2 diabetes mellitus (high level of sugar in the blood), Hypertension (High blood pressure), Chronic kidney disease (gradual loss of kidney function). <p>Record review of Resident #27's 5 days MDS assessment, dated 04/01/2024, revealed the resident had a BIMS score of 11, indicating he was mildly impaired. Resident #27 had an indwelling catheter and, was always incontinent of bowel. Resident #27 had a stage 3 pressure ulcer.</p> <p>Review of Resident #27's care plan dated 03/18/2024, revealed a problem of [.] has diabetic ulcer of the left heel and, an goal of [.] will have no complications related to ulcer through review date.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676114
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/18/24 at 2:45 p.m. revealed the Treatment nurse did not close the window curtain while providing wound care for Resident #27. Resident #27's bed was by the window and could be seen from the window. The window had a full view of the parking lot.</p> <p>During an interview with the Treatment nurse on 04/18/2024 at 3:25 p.m., she confirmed the window curtain was not closed while she provided care for Resident #27 but it should have been. She confirmed privacy must be provided during nursing care. She confirmed receiving training about resident rights within the year.</p> <p>During an interview with the DON on 04/19/24 at 12:15 p.m., the DON confirmed privacy must be provided during nursing care and Resident #27's window curtains should have been closed completely. She confirmed she provided training to the staff for resident's right.</p> <p>2. Observation on 04/18/2204 at 9:57 a.m. revealed shower sheets for Resident #36, Resident #41, Resident #56, Resident #58, Resident #66, Resident #80, Resident #91, and Resident #105 were found on a side table in the facility's 200 hallway. Further observation revealed the papers contained each resident's name and details about their medical condition including ability to bathe or shower themselves.</p> <p>Further observation on 04/18/2204 between 9:57 a.m. and 10:13 a.m. revealed residents, staff, and visitors on hallway near the papers.</p> <p>During an observation on 04/18/2204 at 10:13 a.m., CNA G noticed the shower sheets.</p> <p>During an interview with CNA G, at the same time as the observation, CNA G stated, These shouldn't be here in reference to the pages and confirmed they contained protected medical information.</p> <p>During an interview with the DON and ADON on 04/19/2024 at 11:47 a.m., the DON and ADON confirmed that protected medical information should be kept private.</p> <p>Review of the facility's policy titled Dignity, dated February 2021, revealed, Staff promotes, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p>		

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<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** 34788</p> <p>Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 1 of 26 residents (Resident #13) whose assessments were reviewed, in that:</p> <p>Resident #13's Quarterly MDS assessment incorrectly documented the resident as not receiving an antidepressant.</p> <p>This failure could place residents at-risk for inadequate care due to inaccurate assessments.</p> <p>The findings were:</p> <p>1. Record review of Resident #13's face sheet, dated 04/18/2024, revealed an admitted [DATE] and, a readmitted [DATE], with diagnoses that included: Multiple sclerosis (autoimmune disease affecting the nervous system), Type 2 diabetes mellitus(high level of sugar in the blood), Schizophrenia (mental disorder characterized by abnormal thought processes and an unstable mood), Depression(mood disorder that causes a persistent feeling of sadness and loss of interest), Anxiety disorder(A group of mental illnesses that cause constant fear and worry), Hyperlipidemia(Elevated level of any or all lipids(fat) in the blood) , Dementia(decline in cognitive abilities).</p> <p>Review of Resident #13's physician orders, dated February 2024. revealed an order for Sertraline HCl Oral Tablet 25 MG (Sertraline HCl) Give 1 tablet by mouth one time a day for depression. with a start date of 10/30/2023.</p> <p>Record review of Resident #13's Quarterly MDS, dated [DATE], revealed the assessment indicated Resident #13 was not receiving an antidepressant.</p> <p>During an interview with the MDS Coordinator A on 04/19/24 at 9:30 a.m., the MDS Coordinator confirmed he had completed the MDS. The MDS Coordinator confirmed Resident #13's Quarterly MDS was coded as the resident having not received antidepressant medications. The MDS Coordinator confirmed that Resident's 13 was receiving an antidepressant medication. The MDS Coordinator revealed the RAI was used as reference for the MDS and he had access electronically to the RAI on his computer.</p> <p>During an interview with the DON on 04/19/2024 at 12:30 p.m., the DON confirmed Resident #13 was receiving and antidepressant medication and should have been coded as receiving anti depressant medications in the Quarterly MDS assessment. The DON revealed the inaccuracy of the MDS assessment could negatively impact the care received</p> <p>Record review of, Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.18. 11, October 2023, revealed, N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on observation, interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 5 (Resident #73) residents reviewed for comprehensive assessments.</p> <p>The facility failed to ensure that Resident #73's care plan documented interventions for the resident's weight loss of 13 pounds.</p> <p>This deficient practice could place residents at risk of not receiving proper care and services .</p> <p>The findings were:</p> <p>Record review of Resident #73's face sheet, dated 04/18/2024, reflected a [AGE] year-old female admitted to the facility on [DATE]. Resident #73 had diagnoses which included:</p> <p>Acute kidney failure (occurs when your kidneys suddenly become unable to filter waste products from your blood), Schizoaffective disorder (is a chronic mental health condition characterized primarily by symptoms of hallucinations or delusions), and Bi-Polar Disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration).</p> <p>Record review of Resident # 73's Care Plan , dated 4/18/24 , reflected no specific listing to address weight loss .</p> <p>Record review of weights for Resident # 73 from December 2023 to March 2024 , reflected a 13 pond weight loss .</p> <p>Record review of Resident # 73's Quarterly MDS, dated [DATE], revealed that Resident # 73 had a BIMS score of 11, which indicated mild impairment.</p> <p>Interview with the MDS nurse on 4/18/24 at 2:20 p.m., revealed, she was responsible for updating the care plans .The MDS nurse stated she did not know why Resident # 73's weight loss was not care planned. She added that by her not updating the care plan, Resident # 73 risked not having all team members on same page .</p> <p>Interview with the DON on 4/18/24 at 3:35 p.m. revealed Resident # 73 had recent weight loss of 13 pounds that was not care planned , and it was her expectation the care provided is care planned accordingly to ensure all team members are on the same page when providing care. The DON stated the nurse managers were responsible for ensuring that care plans are completed, and she currently monitors this monthly intermittently which is why this was missed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of facility policy titled Care Plans, Comprehensive Person - Centered, dated 2001, revised March 2022, revealed Assessments of residents are ongoing and care plans are revised as information about the residents and residents change in condition change .</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651</p> <p>Based on interview and record review, the facility failed to ensure the resident was not given a psychotropic drug unless the medication was necessary to treat a specific condition as diagnosed and documented in the clinical record for 1 (Resident #102) of 7 residents reviewed for unnecessary medications, in that:</p> <p>Resident #102 was prescribed a psychotropic drug for anxiety without a documented diagnosis of anxiety in the clinical record.</p> <p>This deficient practice could place residents at risk of receiving unnecessary psychotropic medications.</p> <p>The findings were:</p> <p>Record review of Resident #102's facesheet, dated 04/18/2024, revealed the resident was admitted to the facility on [DATE] with diagnoses including: End Stage Renal Disease, Cerebral Infarction, and Hyperlipidemia. Further review revealed the listed diagnoses did not include Anxiety.</p> <p>Record review of Resident #102's Quarterly MDS, dated [DATE], revealed a BIMS score of 10 which indicated moderate cognitive decline.</p> <p>Record review of Resident #102's care plan, dated 4/19/2024, revealed the care plan did not indicate that the resident had a diagnosis of Anxiety.</p> <p>Record review of Resident #102's order summary, dated 04/18/2024, revealed an order, LORazepam Oral Tablet 0.5 MG (Lorazepam) Give 1 tablet by mouth every 8 hours as needed for anxiety for 14 Days.</p> <p>During an interview with the DON and ADON on 04/19/2024 at 11:47 a.m., the DON and ADON confirmed Resident #102 had been prescribed a psychotropic drug for anxiety without a documented diagnosis of anxiety in the clinical record and that a diagnosis should have been listed in the resident's record. The DON confirmed that nursing staff were responsible for ensuring the residents' records were correct and that the deficient practice was an oversight.</p> <p>Record review of Antipsychotic Medication Use Policy, dated 04/2017, revealed .antipsychotic medication therapy shall be used only when it is necessary to treat a specific condition for which they are indicated and effective .</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication error rate was not 5% or greater. The facility had a medication error rate of 8%, based on 2 errors out of 25 opportunities, which involved (Resident # 15) and 1 of 2 staff (CMA D) reviewed for medication errors.</p> <p>The facility failed to ensure CMA D administered medications according to the physician's orders and per professional standards, which resulted in an 8% medication administration error rate.</p> <p>This deficient practice could place residents at risk of not receiving the therapeutic effects of their medications and possible adverse reactions.</p> <p>The findings were:</p> <p>Record review of Resident # 15's face sheet dated 4/17/24 revealed an [AGE] year-old female admitted to the facility on [DATE] with the diagnosis that included: Anxiety (feeling of unease, such as worry or fear) , Dysphagia (medical term for difficulty swallowing) and Alzheimer's Disease (type of dementia that affects memory, thinking and behavior).</p> <p>Record review of Resident #15's Quarterly MDS assessment dated , 4/1/23 , revealed a BIMS score 03 , which indicated severe cognitive impairment.</p> <p>Record review of Resident #15 order summary report for April 2024 revealed the following orders at 9:00 a. m.</p> <ul style="list-style-type: none"> - Lactase: give one tablet by mouth daily for bowel maintenance. - Probiotic: give one tablet by mouth daily for probiotics. <p>Observation and Interview during the medication pass on 4/17/24 at 9:05 a.m. CMA D prepared Resident #15's medications. The surveyor asked CMA D if she knew the dose ordered for both medications, she was about to administer to Resident #15. CMA D responded, Whatever is on the bottle. This is what I will administer</p> <p>Surveyor observed CMA D administer one tablet of Lactase and one tablet of Probiotic to Resident # 15. CMA D referred surveyor to Charge Nurse LVN E for any questions as she simply only administered medications .</p> <p>During an Interview with LVN E , on 4/17/24 at 10:08 am, she stated she was the charge nurse for Resident #15 and that CMA D , shouldn't have administered medications to Resident #15 this morning if the order on the EMAR did not have a dose as the orders may need to be clarified with the physician to ensure the correct dose was administered. LVN E did not know why Resident #15's morning medication did not have a dosage listed on orders, but she would correct this right away to ensure Resident # 15 received the correct dose of medication moving forward. LVN E stated Resident # 15 risked possibly not receiving the correct dose of medication ordered, if no dose was listed on the EMAR</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 4/17/24 at 10:20 am, The DON stated that CMA D shouldn't have administered medications to Resident #15 this morning if the order on the EMAR did not have a dose listed , as the medication orders may have to be clarified with the physician to ensure the correct dose was administered.</p> <p>The DON stated Resident # 15 risked possibly not receiving the correct dose of medication ordered, if no dose was listed on the EMAR. The DON stated the Nurse Managers were responsible for overseeing physician orders were entered into the EMAR contained a dose . This is monitored by Nurse Managers pulling order listing reports daily .</p> <p>The DON stated she was responsible for overseeing this process and was only conducting spot checks, which is why this might have occurred.</p> <p>Record review of facility policy undated, titled Documentation of medication administration, Documentation must include, at a minimum, the Name and strength of the drug.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>27923</p> <p>Based on interview and record review, the facility failed to employ staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition services for 1 of 1 dietary manager reviewed for qualified dietary staff.</p> <p>The facility failed to employ a certified dietary manager as required.</p> <p>This failure could place residents who consumed food prepared by staff in the kitchen at increased risk of food borne illness and not receiving adequate nutrition.</p> <p>The findings were:</p> <p>Record Review of the Employee Service List, undated, revealed the Dietary Manager with a hire date of 04/17/2023.</p> <p>During an interview on 04/17/24 at 10:45 a.m., with the Dietary Director he revealed he had not taken a Dietary Manager Certification course and was unaware that he needed to complete this course He stated that his current position as a Dietary Manager was the only Dietary Manager position he had held. He stated that all of his previous positions working in kitchens, had been working in the capacity of a cook.</p> <p>During an interview with the Human Resources Director on 04/18/24 at 9:45am she stated that she was not aware the Dietary Director had to have completed a certified Dietary manager course. She stated that she along with the Administrator would have been responsible for ensuring the department heads met their certification requirements.</p> <p>During an interview on 04/18/24 at 10:00a.m., with the Administrator he stated that he was not aware the Dietary Director had to have completed a dietary manager certification course. He stated that completion of a certification course would help the Dietary Manager to better run the kitchen if there was a leadership component as part of the course instruction.</p> <p>Record review of the facility's employee handbook that was undated stated on page 6 if you are in a position that requires being professionally licensed, registered, or certified, it is your responsibility at the employee's expense to maintain current, active credentials while employed by this facility.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27923</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen, in that:</p> <ol style="list-style-type: none"> 1. The overhead light in the kitchen storage room was not working. 2. A bag of 2 dozen hard boiled eggs in the refrigerator was not labeled or dated. 3. A bag of shredded cheese in the refrigerator was not labeled or dated. 4. A bag of 30 ham slices in the refrigerator was not labeled or dated 5. The temperature test strips for the dish machine were wet and could not be used. 6. The ceiling vent across from the dish machine had mold around the edges of the vent. 7. The grill vent above the dish machine hood cover was covered with dirt and grease. <p>These deficient practices could place residents who received meals and snacks from the kitchen at risk for food borne illness from improper infection control, from a lack of food label date monitoring, from a lack of equipment maintenance, and improper sanitation in the kitchen area.</p> <p>The findings included:</p> <p>Observation on 04/16/24 from 10:00 a.m. to 10:35 a.m. during the kitchen tour with the Dietary Manager revealed the following:</p> <ol style="list-style-type: none"> a. One of the overhead light in the kitchen store room which measured approximately 4x1 foot was not working. b. There was a bag of 2 dozen hard boiled eggs inside of the refrigerator that were not dated or labeled. c. There was a bag of shredded cheese inside the refrigerator that was not dated or labeled. d. There was a bag of 30 Hillshire Honey ham slices inside the refrigerator that were not labeled or dated. e. The dish machine temperature test strips were wet and could not be used for a temperature check. f. The ceiling vent across from the dish machine had mold around the edges of the vent. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>g. The ceiling grill vent that was above the dish machine cover and measured approximately 1 foot square had visible dirt particles and grease of the vent slats.</p> <p>During an interview with the Dietary Manager on 04/16/24 at 10:40 a.m., he stated that he was not aware how long the light in the store room was not working. He stated that having the light working was important for employee safety. The Dietary Manager stated that having food inside the refrigerator dated and labeled was important to monitor for food expiration dates. He stated that having functional dish machine test strips was important to maintain proper cleaning of the dishes. The Dietary Manager stated having the dish machine grill vent kept clean was important for kitchen sanitation.</p> <p>During an interview with the Administrator on 04/18/24 at 10:00a.m., he stated that having the food labeled and dated was important to know how old the food was that was being used. He stated that having viable dish machine temperature test strips was important to determine if the dish machine was working properly.</p> <p>Record review of facility Nutrition and Foodservice policy for Food Storage number 03.003 dated 2018 stated that all refrigerated foods should be labeled and dated.</p> <p>Record review of the facility's Nutrition and Foodservice policy for General Kitchen Safety Guidelines 05.001 dated 2018 stated the facility will follow basic safety guidelines to reduce the risk or accidents and ensure the safety of employees.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2017, U.S. Department of H&HS, revealed 4-601.11 Equipment, Food-Contact Surfaces, Non-food-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER River Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2091 Bandera Hwy Kerrville, TX 78028	

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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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651</p> <p>Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 2 (refrigerators in resident room [ROOM NUMBER] and room [ROOM NUMBER]) of 5 residents' personal refrigerators reviewed, in that:</p> <p>The personal refrigerators in two residents' rooms contained food items which were unlabeled and undated.</p> <p>This deficient practice could place residents at risk of foodborne illness due to consuming foods which are spoiled.</p> <p>The findings were:</p> <p>Observation on 04/16/2024 at 10:02 a.m. revealed the personal refrigerator in resident room [ROOM NUMBER] contained a sandwich which was unlabeled and undated.</p> <p>Further observation on 04/17/2024 at 10:32 a.m. revealed the sandwich was still present.</p> <p>During an interview with CNA F on 04/17/2024 at 10:35 a.m., CNA F confirmed that the personal refrigerator in resident room [ROOM NUMBER] contained a sandwich which was unlabeled and undated.</p> <p>Observation on 04/16/2024 at 10:12 a.m. revealed the personal refrigerator in resident room [ROOM NUMBER] contained a frozen meal which had thawed and was unlabeled and undated.</p> <p>Further observation on 04/17/2024 at 10:34 a.m. revealed the frozen meal which had thawed was still present.</p> <p>During an interview with CNA F on 04/17/2024 at 10:35 a.m., CNA F confirmed that the personal refrigerator in resident room [ROOM NUMBER] contained a frozen meal which had thawed and was unlabeled and undated.</p> <p>During an interview with the DON and ADON on 04/19/2024 at 11:47 a.m., the DON and ADON confirmed that perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled foods.</p> <p>Record review of the facility policy, Foods Brought by Family/Visitors, revised October 2017, revealed, .Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents. 8. The nursing staff will discard perishable foods on or before the use by date .</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>41651</p> <p>Based on interview and record review, the facility failed to designate an interdisciplinary team member responsible for collaborating and communicating with hospice representatives.</p> <p>This deficient practice could place residents who receive hospice services at risk of receiving substandard care due to miscommunication between their hospice and facility caregivers.</p> <p>The findings were:</p> <p>During an interview with the Social Worker on 04/18/2024 at 3:20 p.m., the Social Worker stated she was not the hospice liaison and did not know which facility staff member had been designated liaison.</p> <p>During an interview with the Medical Records Director on 04/18/2024 at 3:25 p.m., the Medical Records Director stated he was not the hospice liaison and did not know which facility staff member had been designated liaison.</p> <p>During an interview with the ADON on 04/18/2024 at 3:30 p.m., the ADON stated she was not the hospice liaison and did not know which facility staff member had been designated liaison.</p> <p>During an interview with the MDS Coordinator on 04/18/2024 at 3:35 p.m., the MDS Coordinator stated she was not the hospice liaison and did not know which facility staff member had been designated liaison.</p> <p>During an interview with the DON and ADON on 04/19/2024 at 11:47 a.m., the DON and ADON confirmed that no specific facility staff member had been designated as hospice liaison and the DON stated the facility would, tighten the hospice system.</p> <p>Record review of the facility's policy titled, Residents with Hospice Services, revised 7/2018, revealed, The facility will work closely with Hospice personnel .Coordinate services provided to the resident with the Hospice personnel. The facility Administrator will follow state regulation with regards to retaining a resident on Hospice services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</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 infection for 1 of 5 residents (Resident #28) reviewed for infection control, in that:</p> <p>CNA B and CNA C failed to wash or sanitize their hands or change their gloves after touching the trash can and the privacy curtain before starting incontinent care.</p> <p>This deficient practice could place residents at-risk for infection due to improper care practices.</p> <p>The findings included:</p> <p>Record review of Resident #28's face sheet, dated 04/18/2024, revealed an admitted [DATE] with diagnoses which included: Parkinson's (Chronic degeneration of the central nervous system), Hypothyroidism (under active thyroid), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Hypertension (High blood pressure), Raynaud's syndrome (spasm of small arteries causes episodes of reduced blood flow to end arterioles), Chronic kidney disease (gradual loss of kidney function).</p> <p>Record review of Resident #18's Annual MDS assessment, dated 02/15/2024, revealed Resident #18 had a BIMS score of 9, indicating moderate cognitive impairment and, was always incontinent of bowel and bladder.</p> <p>Record review of Resident #28's care plan, dated 02/12/2024, revealed a problem of has episodes of incontinence of bowel and bladder., with a goal of will be clean, dry and odor free through next review date.</p> <p>Observation on 04/18/24 at 10:58 a.m. revealed while providing incontinent care for Resident #28, CNA B washed her hands and put on gloves. CNA B touched the resident's trash can with her gloved hands, then without changing gloves or sanitizing her hands started providing care for the resident. CNA C washed his hands and touched the trash can and the privacy curtain. Then, without washing or sanitizing his hands he put on his gloves and started to provide care to Resident #28.</p> <p>During an interview on 04/18/2024 at 11:09 a.m. both CNA B and CNA C confirmed the trash can and privacy curtain were considered dirty and they should have changed gloves and wash their hands prior to touch the resident and start care, they understood it was a risk for cross contamination and confirmed they received infection control training within the year.</p> <p>During an interview with the DON on 04/19/24 at 12:15 p.m., the DON confirmed the CNA should have change their gloves and sanitized their hands after touching the trash can and curtain and before starting care. There a risk for cross contamination. She provided training to the staff yearly and as needed if infection control concerns were noted.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the annual skills check for CNA B and CNA C revealed both CNAs passed competency for infection control on 03/15/2024.</p> <p>Record review of the facility policy, titled Hand washing/Hand hygiene, dated 10/2023, revealed Hand hygiene is indicated [.] d. after touching the resident's environment.</p>

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<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>41651</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable environment for residents, staff, and visitors, in that:</p> <p>Two containers of cleaning fluids with hazardous material warning labels were found within the shower room of the facility's 200 hallway.</p> <p>This deficient practice could place residents at risk of coming into contact with hazardous materials.</p> <p>The findings were:</p> <p>Observation on 04/17/2024 at 10:42 a.m. revealed the resident shower room on the 200 hallway was not in use and was unlocked. Further observation revealed a container of cleaning wipes labeled, Danger and Keep Out of</p> <p>Reach of Children and a 32-ounce container of bathroom cleaner labeled, Danger, Do Not Drink, and May Cause Eye and Skin Irritation were found withing the shower room. Further observation at various times on 04/17/2024, 04/18/2024, and 04/19/2024 revealed no residents were inside the shower room without a member of staff, but residents were observed on the 200 hallway near the shower room throughout each day.</p> <p>During an interview with the AIT on 04/17/2024 at 10:45 a.m., the AIT confirmed the presence of two containers of cleaning fluid within reach of residents in the 200-hall shower room.</p> <p>During an interview with the DON and ADON on 04/19/2024 at 11:47 a.m., the DON and ADON confirmed that hazardous materials should not be stored within resident reach.</p> <p>Record review of the facility's policy titled, Physical Environment, undated, revealed, Purpose: Provide a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p>