

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Rio Grande City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Central Palm Dr Rio Grande City, TX 78582	

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 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** 48278</p> <p>Based on observation, interview, and record review the facility failed develop and implement a comprehensive person-centered care plan for each resident, consistent with resident needs, that include measurable objectives and time frames to meet residents' physical needs for 2 (Resident #1 and #2) of 8 residents reviewed for comprehensive person-centered care plans.</p> <p>The facility failed to care plan Resident #1 and #2 the use of a raised perimeter mattress.</p> <p>The failure is affecting one male and one female resident, both use a raised perimeter mattress.</p> <p>Findings included:</p> <p>1.Record review of Resident #1's electronic facility face sheet dated 6/18/24, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (stroke), Muscle weakness, Dementia (group of thinking and social symptoms that interferes with daily functioning), Alzheimers (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), Heart Failure, Hypertension (high blood pressure), and Depression.</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed he scored a 04 on his BIMS which indicated he was severely cognitively impaired.</p> <p>Record review of Resident #1's care plan dated 5/14/24 revealed risk for falls related to wandering. Interventions steps did not include any information regarding a raised perimeter mattress.</p> <p>Observation on 6/18/24 at 2:20pm Resident #1 was lying down, asleep on a raised perimeter mattress.</p> <p>During an interview on 6/18/24 at 2:37pm, ADON A stated that Resident #1 has a raised perimeter mattress as a fall intervention. She stated ADON B was the person who was responsible to care plan the fall interventions. The charge nurse and herself help with interventions as well to see what suits well for the resident. She stated it was important for the interventions to be care planned so staff knows the fall interventions, and the resident won't have falls in the future. When asked ADON A stated, she was not sure of the negative outcome of interventions not being care planned.</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: 676119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Rio Grande City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Central Palm Dr Rio Grande City, TX 78582	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/18/24 at 3:31pm, ADON B stated that Resident #1's fall interventions were a raise perimeter mattress, bed in low, and fall mat. She only does care planning for incidents with no injuries. She stated MDS was responsible for care planning everything else. She stated it was important to care plan interventions, so the staff know what we have done for the resident and what needs to be in place. The negative outcome of not being care planned was that the resident has not met the appropriate intervention in place.</p> <p>During an interview on 6/18/24 at 4:05pm, DON stated she was responsible for care planning interventions. The ADON was responsible for care planning incidents and accidents with either injuries or no injuries. She stated it was important to care plan interventions so that the staff was aware and it's a way of communicating with staff. To make sure interventions are in place to keep the resident from falling. DON stated the negative outcome of not having it care planned like she said was a method of communication.</p> <p>2. Review of Resident #2's Admission Record dated 06/18/2024 revealed an [AGE] year-old female who was admitted to the facility on [DATE] and initial admitted [DATE]. Resident #2 diagnoses included: dementia (group of thinking and social symptoms that interferes with daily functioning), nondisplaced fracture of head of left radius (bone cracks or breaks but retains its proper alignment), falls, and muscle weakness.</p> <p>Review of Resident #2's care plan dated 06/18/2024 revealed resident was at risk for falls related to weakness and debility. Intervention steps did not include any information regarding a modified/raised perimeter mattress.</p> <p>Observation on 06/18/2024 at 3:11 p.m., revealed Resident #2 with a perimeter mattress.</p> <p>During an interview on 06/18/2024 at 3:13 p.m., LVN E said that Resident #2 had the perimeter mattress because she turns in bed and was a fall risk. LVN E said she did not know if the mattress was care planned.</p> <p>During an interview on 06/19/2024 at 7:45 a.m., the DON said Resident #2 uses a perimeter mattress, so she won't roll off the bed. The DON said Resident #2 was able to get up from the bed. The DON said the mattress was used to keep Resident #2 safe from falling. The DON said the perimeter mattress should be care planned.</p> <p>During an interview on 06/20/2024 at 9:12 a.m., Resident #2 was asked about the mattress. Resident #2 said she did not know why she had the mattress or the purpose of the mattress. Resident #2 said she received assistance from staff to get up from bed. Resident #2 said she does not remember if she had any falls at the facility.</p> <p>During an interview on 6/20/24 at 1:23pm, MDS care management nurse stated he does the comprehensive care plans. MDS stated the incidents interventions are done by the ADONs, but he also helps them at times. He stated that everybody helps with care planning, like activities does theirs, social worker does their part, but we all work in the care plans. He stated care planning intervention after a fall is to try to prevent future falls. The negate outcome is at risk for injuries. If a resident has a fall how we can prevent resident from having falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Rio Grande City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Central Palm Dr Rio Grande City, TX 78582	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Comprehensive Care Plans Policy implemented dated on 10/24/2022, revealed the following:</p> <p>It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident medical, nursing, mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Policy Explanation and Compliance Guidelines: #3 (a) The services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being. #6 . Alternative interventions will be documented, as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Rio Grande City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Central Palm Dr Rio Grande City, TX 78582	
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>45217</p> <p>Based on observation, interview, and record review the facility failed to ensure nurse staffing data was posted and readily accessible to residents and visitors for seven days of 7 days (06/11/2024, 06/12/2024, 06/13/2024, 06/14/2024, 06/15/2024, 06/16/2024, and 06/17/2024) reviewed for nurse staffing information.</p> <p>The facility failed to post and maintain the required nursing staffing information to include facility name, current date, current resident census, and total number and actual hours worked by licensed and unlicensed nursing staff for dates of June 11th through June 17th, 2024.</p> <p>These failures could place residents, their families, and facility visitors at risk of not having access to information regarding facility regarding staffing schedule and facility census.</p> <p>Findings included:</p> <p>During observation on 06/17/2024 at 8:45 a.m., the public access area wall located near the central nursing station revealed daily staffing sheet posting information dated 06/10/2024. The current date and information on staff scheduled and total hours worked were not posted.</p> <p>During observation and interview on 06/17/2024 at 10:03 a.m., the public access area wall located near the central nursing station revealed daily staffing sheet posting information dated 06/10/2024. The current date and information on staff scheduled and total hours worked were not posted. The DON said that the posting was not updated or current and she would have the posting updated and posted in a few minutes.</p> <p>During an interview on 06/20/2024 at 2:10 p.m., the DON said that the purpose of the Nurse Staffing Posting was to communicate with visitors' information on the number of staff available at the facility. The DON said the HRC was responsible for posting the numbers. The DON said she provides oversight to ensure the information is posted. The DON said the posting on 06/17/2024 had information from 06/10/2024 and had not been updated. The DON said there was minimal outcome as visitors would not know the numbers for the day for the facility.</p> <p>Review of facility provided Nurse Staffing Posting Information policy dated 10/24/2022, reads in part, It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time. The Nurse Staffing Sheet will be posted on a daily basis and will continue the following information: facility name, the current date, facility current resident census, and the total number and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift. The facility will post the Nurse Staffing Sheet at the beginning of each shift. The information posted will be presented in a clear and readable format, and in a prominent place readily accessible to residents and visitors.</p>		