STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Homestead of Sherman	1000 Sara Swammy Dr Sherman, TX 75090

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 0677

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide care and assistance to perform activities of daily living for any resident who is unable.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 49415

Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received necessary services to maintain good personally hygiene for 4 out of 5 residents (#1, #3, #4, and #5) reviewed for ADL care.

The facility failed to provide timely incontinence care every two hours or as needed for Resident #1 on 4/22/24.

The facility failed to provide timely incontinence care on a regular basis for residents #1, #3, #4, and #5.

This failure could place residents at risk of skin breakdown, urinary tract infections, and loss of dignity.

Findings included:

1) Record review of Resident #1's face sheet revealed a [AGE] year-old female, admitted on [DATE]. Diagnoses included: Blindness of right eye category 3, blindness of left eye category 5, ankylosing spondylitis (autoimmune disease that includes pain and stiffness in the spine and may affect other joints), atrophic disorder of skin (a reduction in epidermal and dermal thickness of skin), mild cognitive impairment, abnormalities of gait and mobility, rash and other skin disruption, stiffness of right hand, anxiety disorder, type 2 diabetes (a long term condition in which the body has trouble controlling blood sugar and using it for energy), sepsis due to Escherichia (strain of e. coli which can make you very sick), epilepsy (neurological disorder in the brain, causing seizures), muscle weakness, age related osteoporosis (deterioration in bone mass, with increasing risk to fragility fractures), and chronic kidney disease (long standing disease leading to renal failure).

Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 13 which indicated she was cognitively intact.

Record review of Resident #1's Care Plan dated 2/27/24, showed resident has made allegations that staff do not change her in a timely manner. Also, .is at risk for pressure ulcer due to incontinence, bedfast. Furthermore, Resident is at risk for falls due to visual impairment.

(continued on next page)

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: 676120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER The Homestead of Sherman		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Sara Swammy Dr Sherman, TX 75090	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #1's ADL care sheet revealed incontinent care was completed on 4/21/24 at 3 a. m., 12:12 p.m. and at 4:10 p.m. On 4/22/24, incontinent care was completed at 2:06 a.m., 12:05 p.m. and 9 p. m. On 4/23/24, incontinent care was completed at 4:25 a.m., 9:11 a.m. and unanswered for unknown time. Interview and observation on 4/23/24 at 10:19 a.m. with Resident #1 said she was changed at 9 p.m. on 4/21/24 and was not changed again until the CNA on the 6-2 shift came in at 6:15 a.m. on 4/22/24. Resident #1 said the CNA had her lift her arms and she had feces in her armpits. She was usually a two person move for ADL care. Resident #1 said being left wet overnight before, during the night shift. She said she had to wait her turn and staff were very slow to respond, if you could get someone to come in at all on the night shift. Resident #1 stated there were too many times to remember when she has not gotten a response on the night shift. She was considered a heavy wetter and was supposed to be changed every two hours. Resident #1 said she had paper thin skin and had to keep the urine off her skin so she would not get skin wounds. 2) Record Review of Resident #3 face sheet revealed a [AGE] year-old woman, was admitted on [DATE]. Diagnoses included: Chronic pain syndrome, low back pain, tachycardia (fast heart rate), muscle weakness, chronic respiratory failure with hypoxia (low blood oxygen levels cause respiratory failure), major depressive disorder, anxiety disorder, unsteadiness on feet, unspecified lack of coordination, unspecified fracture on left pubis, fracture of other parts of pelvis, and urinary tract infection. Record Review of Resident #3's MDS dated [DATE], revealed a BIMS score of 14 which indicated she was cognitively intact. Record Review of Resident #3's ADL care sheet revealed on 4/23/24, she was checked for incontinent care at 4:28 a.m. and 9:22 a.m. Interview and Observation on 4/23/24 at 11:00 a.m. of Resident #3, she said when she used her call light, sometimes nobody would come. She said the nursing staff do not take care of her roommate as they should as they will not change her brief every two hours as they are supposed to. 3) Record Review of Resident #4' face sheet revealed an [AGE] year-old female, admitted on [DATE]. Diagnoses included: Alzheimer's Disease (progressive mental deterioration due to degeneration of the brain), Chronic Obstructive Pulmonary Disease (Group of lung diseases that block airflow and make it difficult to breath), Osteoarthritis, Chronic Pain, Muscle Weakness, Depressive Disorders, Abnormalities of Gait and Mobility, Heart Failure, Neuromuscular Dysfunction of Bladder (lacks bladder control due to brain, spinal cord, or nerve problems), Type 1 Diabetes Mellitus (lifelong condition where the pancreas makes little or no insulin, which leads to high blood sugar levels), Unsteadiness on feet, Anxiety Disorder, and Lack of Coordination. Record Review of Resident #4's MDS dated [DATE] revealed a BIMS score of 13 which indicated she was cognitively intact. Record Review of Resident #4's Care Plan dated 3/12/24 revealed she was at risk for decreased cardiac output, has urinary incontinence, and bowel incontinence. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER The Homestead of Sherman		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Sara Swammy Dr Sherman, TX 75090	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record Review of Resident #4's ADL care sheet revealed on 4/23/24, she was checked for incontinent care at 4:18 a.m. and 9:11 a.m. Interview and observation on 4/23/24 at 11:12 a.m. with Resident #4 said the staff were not good at answering call lights. She said sometimes staff never come or come and turn off the call light without helping her with her needs. Resident #4 said today she had put on her call light, went to the bathroom and waited for help, but nobody came so she changed herself. 4) Record Review of Resident #5's face sheet was a [AGE] year-old female, admitted on [DATE]. Diagnoses included: Alzheimer's disease, muscle weakness, unsteadiness on feet, need for assistance with personal care, type 1 diabetes mellitus with nephropathy (deterioration of kidney function), and myocardial infarction (a blockage of blood flow to heart muscle/heart attack is a medical emergency). Record Review of Resident #5's MDS dated [DATE], revealed a BIMS score of 15 which indicated she was cognitively intact. Record Review of Resident #5's Care Plan dated 4/18/24 revealed resident was on diuretic (promotes increased production of urine) therapy (alleviates signs of congestion). Record Review of Resident #5's ADL care sheet revealed she was checked for incontinent care on 4/21/24 at 12:53 a.m. and 12:13 p.m. On 4/22/24, incontinent care was completed at 12:38 a.m., 7:44 a.m. and 6:07 p.m. On 4/23/24, incontinent care was completed at 12:17 a.m. and at 8:34 a.m. In an interview on 4/23/24 at 11:38 a.m. with Resident #5 she said there was not enough staff on the floor during mealtime to help change if she was incontinent. Resident #5 said it usually took 20 - 30 minutes for her call light to be answered but she had waited longer (an hour or more) before. Resident #5 was concerned if an emergency happened, and she had to wait that long. In an interview on 4/23/24 at 12 p.m. with CNA A, she said call lights were supposed to be answered as soon as done with a resident, when you were helping someone. In an interview on 4/23/24 at 12:08 p.m. with CNA B, she said call lights were to be answered within 5 - 10 minutes. She said if the resident was incontinent, they would be checked every two hours to see if they needed to be changed. In an interview on 4/23/24 at 12:13 p.m. with LVN D, she said call lights were to be answered as soon as a nurse sees it. She stated she had gone down the hall to answer the call light if the CNA's were busy. LVN D said it was important to answer call lights quickly because it could have been an emergency. LVN D said incontinent residents get checked every two hours or as needed. In an interview on 4/23/24 at 12:35 p.m. with CNA C, she said staff should answer call lights as quick as possible. She said incontinent residents were checked every two hours or as needed. In an interview on 4/23/24 at 2:44 p.m. with RN E, she said she expected her staff to answer call lights in 2 - 5 minutes. RN E said it was important to answer call lights quickly as the resident could have fallen, could be aspirating, could be wet/dirty, and to make sure needs were met. (continued on next page)

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	676120	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Homestead of Sherman	1000 Sara Swammy Dr Sherman, TX 75090

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/23/24 at 2:47 p.m. with RN F, she said she was not sure of a specific time the call lights were to be answered but said most residents called the nurses station with their cell phone. RN F said it was important to answer call lights because one did not know if the resident fell , needed to be cleaned, or needed assistance. Record Review of Call Light Procedures showed: 1) all nursing personnel must be aware of call lights at all times, 2) answer call lights promptly whether or not you are assigned to the resident .6) Answer call lights in a prompt, calm, courteous manner .