

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on observation, interview, and record review, the facility failed treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for one (Resident #1) of six residents reviewed for resident rights.</p> <p>The facility failed to ensure CNA C treated Resident #1 with dignity while in his room prior to providing care on 09/25/24 as she was observed talking about non-sensical information.</p> <p>This failure could place residents at risk of intimidation, psychosocial harm, and a decreased quality of life.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a brain disorder that slowly destroys memory), cognitive communication deficit disorder (a brain injury that affects a person's ability to communicate effectively), and ADL self-care performance deficit.</p> <p>Review of Resident #1's undated care plan reflected a focus revised on 11/20/19 of impaired cognition/thought process as evidenced by long/short memory deficits and needs supervision assistance with decisions and a goal revised on 07/16/24 of Resident #1 will be able to communicate basic needs on a daily basis with interventions revised on 11/20/19 of face the resident when speaking and make eye contact and introduce self to resident and explain care/procedure to be performed prior to beginning.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 9/24/2024, a BIMS was not conducted due to him rarely/never being understood. Section GG (Functional Abilities and Goals) reflected he was dependent for ADLs.</p> <p>Review of Resident #1's quarterly care plan, dated 7/16/2024, reflected he had an ADL Self Care Performance Deficit and required extensive, total assistance with all ADL areas.</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: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of video footage provided by Resident #1's RP D, dated 9/25/2024 at 7:48 PM, revealed CNA C in Resident #1's room, grabbing a brief from a cabinet and other various items while Resident #1 was in bed. CNA C was heard saying (directed to no one in particular), You aren't going to be doing anything to me. Trust me, I ain't scared. The way I found this one, I'll find another. Doesn't scare me one little bit. I can guarantee you that.</p> <p>During an interview on 03/04/2025 at 3:05 PM, Resident #1's RP D revealed the same details viewed in the video. She stated, The staff act like they simply do not care about the residents, and some should not have jobs working directly with human beings.</p> <p>A telephone interview was attempted on 3/4/2025 at 4:10 PM with CNA C. A returned call was not received prior to exit.</p> <p>During an interview on 03/04/2025 at 5:45 PM, the ADM stated she was shown the video of CNA C in Resident #1's room by RP D. She stated it was inappropriate for her to be talking about other things while in a resident's room. She stated staff should be focused solely on the resident and making them feel comfortable.</p> <p>Review of the facility's undated Resident Rights Policy reflected the following:</p> <p>The resident has the right:</p> <ul style="list-style-type: none"> - To a dignified existence, self-determination . - To be treated with respect and dignity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents environment remained as free of accident hazards as is possible and ensure each resident received adequate supervision for one (Resident #1) of six residents reviewed for accidents and hazards.</p> <p>The facility failed to ensure CNA B and CNA C appropriately utilized the mechanical lift on 9/25/24 while transferring Resident #1 to his bed causing him to hit his head on the wall.</p> <p>This failure could place residents at risk of harm, injury, and hospitalization .</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease (a brain disorder that slowly destroys memory), cognitive communication deficit disorder (a brain injury that affects a person's ability to communicate effectively), and ADL self-care performance deficit.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 9/24/2024, a BIMS was not conducted due to him rarely/never being understood. Section GG (Functional Abilities and Goals) reflected he required a mechanical lift for transferring.</p> <p>Review of Resident #1's care plan, undated, reflected a focus, undated, of ADL self-care performance in bed mobility and transfers and a goal revised on 07/16/24 for Resident #1 to maintain current level of function in bed, mobility, and transfers with an intervention dated 10/10/23 that reflected Resident #1 required mechanical lift for transfers and provide 2 person for transfer, provide reassurance as needed, observe extremities and devices during transfer and position for comfort, encourage and remind resident to use handles as able during transfers.</p> <p>Observation of video footage provided by Resident #1's RP D, dated 09/25/2024 at 7:44 PM, revealed CNA B and CNA C, who were moving the resident from Geri-chair back to his bed using a mechanical lift. Resident #1's bed was against the wall. CNAs B and C moved the lift quickly and did not line up the sling to his bed or lock the lift. Resident #1's head hit the wall and he immediately grabbed his head with his left hand in pain and shock.</p> <p>During an interview on 03/04/2025 at 2:51 PM, CNA A stated she recalled placing Resident #1 in the Geri-chair, but did not recall any injuries on Resident #1, and if she had, she would have reported it to the charge nurse. She stated, I knew the family have video cameras in the resident's room, but I was never shown the video. She said she was trained on abuse and neglect and mechanical lifts.</p> <p>During an interview on 03/04/2025 at 3:05 PM, Resident #1's RP D revealed the same details viewed in the video. She stated, The staff act like they simply do not care about the residents, and some should not have jobs working directly with human beings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephone interview was attempted on 3/4/2025 at 4:10 PM with CNA C. A returned call was not received prior to exit.</p> <p>During an interview on 3/4/2025 at 5:20 PM, CNA B stated she did not recall the incident with Resident #1. She recited the necessary steps to safely transfer a resident in and out of bed. She said the mechanical lift should have been parallel with the bed. She said effective communication with the other CNA's was what ensured a safe transfer; making sure all staff were coordinated. She provided examples of abuse and neglect and to whom suspected abuse should be reported. She stated she was unaware of facility staff who were rough or disrespectful with residents.</p> <p>During an interview on 3/4/2025 at 5:45 PM the ADM stated CNA B immediately told a nurse about Resident #1 hitting his head during the transfer on 09/25/24. She stated CNA C retired and CNA B was counseled, retrained on mechanical lift procedures, and remained employed by the facility.</p> <p>Review of the CNA B's personnel file, on 03/04/24, reflected she was re-trained on proper mechanical lift techniques and received a written warning on 10/02/24. A performance evaluation dated 10/31/2024 reflected CNA B had consistently performed above acceptable levels of performance. Comments on the performance evaluation stated, Employee works well with others and provides excellent care to residents. She is very interactive with the residents, on top of her CNA duties. Employee is ambitious and has a lot of drive to further her nursing career.</p> <p>Review of the facility's undated Resident Abuse and Neglect Policy, reflected the following:</p> <p>.</p> <p>D. Neglect Allegation - Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49048</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety in one of one kitchen reviewed for kitchen and food sanitation.</p> <p>The facility failed to ensure DA A wore a beard restraint while preparing food for residents.</p> <p>These failures could have placed residents at risk for food contamination and foodborne illness.</p> <p>Findings included:</p> <p>Observation on 3/4/2025 at 12:30 PM of the kitchen revealed DA A was near the serving table and was not wearing a beard guard when near the food. DA A had a visible sideburns, mustache, and beard no more than one half inch in length.</p> <p>Observation on 3/4/2025 at 4:20 PM of the kitchen revealed DA A was in the kitchen and moving about the serving, drink and dessert tables with the beard net pulled down underneath their chin.</p> <p>In an interview on 3/4/2025 at 4:25 PM, DA A stated they were supposed to wear hair and beard nets when in the kitchen. They said it was important to wear hair and beard nets to prevent resident illness.</p> <p>In an interview on 3/4/2025 at 4:35 PM, the DM stated all dietary staff were aware of the policy that required them to wear beard nets when in the kitchen. They cited negative outcomes were food contamination and risk of illness for residents.</p> <p>During an interview on 2/24/2024 at 5:27 PM, the DON stated her expectation was anyone who entered the kitchen should have worn the appropriate hair/beard nets to prevent hair from falling into the food.</p> <p>During an interview on 2/24/2025 at 5:45 PM the ADM stated anyone who was in the kitchen should have been wearing the required hair/beard nets to prevent food contamination.</p> <p>Review of the facility's undated policy titled Section 9 - Dietary and Food Service reflected the following:</p> <p>Policy: Hair Nets</p> <p>Procedure:</p> <p>It is MANDATORY that all Dietary Staff wear hairnets while on duty in any food preparation area this facility.</p> <p>Any person with a beard must wear a beard net.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wesley Woods Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Woodgate Drive Waco, TX 76712	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Bald persons are excluded from wearing hair nets and clean-shaven persons are excluded from wearing beard nets.</p>