STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676220	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Mesa Health Center	1401 Max Copeland Dr Marble Falls, TX 78654

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097 Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to conduct activities of daily living received the necessary services to maintain grooming and personal hygiene were provided for 1 of 6 residents reviewed for ADLs (Resident# 6) The facility did not provide Resident #6 clean sheets or gown when blood got on this sheet and gown. These failures could place residents at risk of not receiving services/care and decreased quality of life. Findings Included: Record review of Resident #6's face sheet dated 04/16/2024 revealed resident was admitted to the facility on [DATE]. Resident #6 was an [AGE] year-old male. His diagnoses included Dementia, protein-calorie malnutrition, difficulty with thinking and how someone uses language, heart failure, muscle wasting, edema, lack of coordination, iron deficiency anemia, high levels of fat particles in the blood, difficulty swallowing, high blood pressure, heart disease, reflux, altered mental status, long term use of anticoagulants, pacemaker, heart bypass and irregular heartbeat. Record review of Resident #6's MDS dated [DATE] indicated Resident #6 could not understand others and make himself understood. The MDS indicated Resident #6 was with a BIMS score of 1. Resident #6 cognitive pattern is severely impaired. The MDS indicated resident was dependent on personal hygiene. Record review of Resident #6's comprehensive care plan dated 04/16/2024 indicated Resident #6 had an ADL self-care performance deficit related to a recent impaired mobility weakness. The care plan indicated Resident #6 required 1 person assistance with dressing and personal hygiene. Observation of Resident #6 on 04/16/2024 at 2:15pm revealed that dried blood was on his sheet and gown, there was a round amount of blood about a golf ball size. The blood on the sheet was a long rectangle strip about 4 inches long and 1 1/2 inches across Resident #6 was noninterviewable. (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: 676220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Granite Mesa Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Max Copeland Dr Marble Falls, TX 78654	

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with LVN H on 04/16/2024 at 2:49pm revealed that staff took out Resident # 6's IV at approximately 12:45pm and that was how the blood got on the resident's sheet and gown. She stated that staff would change the sheets and gown when she got done writing an incident report on another resident. The nurse stated her, and the CNA was going to clean it up. An interview with CNA F on 04/16/2024 at 3:32pm revealed she did not know why staff did not change Resident #6's sheets and gown when blood got on it. She stated that the resident could have skin breakdown or get an infection from not having a shower or not changing the sheets and gown. An interview with the Administrator on 04/16/2024 at 3:40pm revealed the nurses, and the aides were responsible for changing the resident's gown and sheets when needed. He stated it was important because the residents would be at risk of infections by not having a shower and changing sheets. He also stated that it was a dignity issue for the resident to not have help with his ADLs Record Review of the Restorative Nursing Assistant Job Description dated 12/17/2021 revealed that an essential duties and responsibility was for the Nursing Assistant to change bed linens, assist residents with bath functions (bed bath, tub, or shower bath) and keep the resident dry (change gown, clothing, and linen). Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 revealed that nursing service staff are to care for residents in a manner and in an environment that promotes maintenance or enhancement of each residents' quality of life and promotes care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 also revealed that each resident receive assistance as needed to manage their physical needs which includes personal hygiene grooming, toileting, transferring, ambulating, and eating. Each resident receives or provided the necessary care and services enabling him/her to attain or maintain the highest practicable physical, mental, or psychosocial well-being, in accordance with the comprehension assessment and plan of care. Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to conduct activities of daily living received the necessary services to maintain grooming and personal hygiene were provided for 1 of 6 residents reviewed for ADLs (Resident# 6) The facility did not provide Resident #6 clean sheets or gown when blood got on this sheet and gown. These failures could place residents at risk of not receiving services/care and decreased quality of life. Findings Included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #6's face sheet dated 04/16/2024 revealed resident was admitted to the facility on [DATE]. Resident #6 was an [AGE] year-old male. His diagnoses included Dementia, protein-calorie malnutrition, difficulty with thinking and how someone uses language, heart failure, muscle wasting, edema, lack of coordination, iron deficiency anemia, high levels of fat particles in the blood, difficulty swallowing, high blood pressure, heart disease, reflux, altered mental status, long term use of anticoagulants, pacemaker, heart bypass and irregular heartbeat. Record review of Resident #6's MDS dated [DATE] indicated Resident #6 could not understand others and make himself understood. The MDS indicated Resident #6 was with a BIMS score of 1. Resident #6 cognitive pattern is severely impaired. The MDS indicated resident was dependent on personal hygiene. Record review of Resident #6's comprehensive care plan dated 04/16/2024 indicated Resident #6 had an ADL self-care performance deficit related to a recent impaired mobility weakness. The care plan indicated Resident #6 required 1 person assistance with dressing and personal hygiene. Observation of Resident #6 on 04/16/2024 at 2:15pm revealed that dried blood was on his sheet and gown, there was a round amount of blood about a golf ball size. The blood on the sheet was a long rectangle strip about 4 inches long and 1 1/2 inches across Resident #6 was noninterviewable. An interview with LVN H on 04/16/2024 at 2:49pm revealed that staff took out Resident # 6's IV at approximately 12:45pm and that was how the blood got on the resident's sheet and gown. She stated that staff would change the sheets and gown when she got done writing an incident report on another resident. The nurse stated her, and the CNA was going to clean it up. An interview with CNA C on 04/16/2024 at 3:04pm revealed that Resident #3 was on the shower list for Monday, Wednesday, and Friday. She stated that she did not know why Resident #3 did not get a shower or a bed bath. She stated that Resident #3 did not ask for anything unless staff were already in the room. She stated that by the resident not getting her shower it could cause the resident to get an infection from not being clean. An interview with the Administrator on 04/16/2024 at 3:40pm revealed the nurses, and the aides were responsible for changing the resident's gown and sheets when needed. He stated it was important because the residents would be at risk of infections by not having a shower and changing sheets. He also stated that it was a dignity issue for the resident to not have help with his ADLs Record Review of the Restorative Nursing Assistant Job Description dated 12/17/2021 revealed that an essential duties and responsibility was for the Nursing Assistant to change bed linens, assist residents with bath functions (bed bath, tub, or shower bath) and keep the resident dry (change gown, clothing, and linen). Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 revealed that nursing service staff are to care for residents in a manner and in an environment that promotes maintenance or enhancement of each residents' quality of life and promotes care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Mesa Health Center	1401 Max Copeland Dr Marble Falls, TX 78654

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 also revealed that each resident receive assistance as needed to manage their physical needs which includes personal hygiene grooming, toileting, transferring, ambulating, and eating. Each resident receives or provided the necessary care and services enabling him/her to attain or maintain the highest practicable physical, mental, or psychosocial well-being, in accordance with the comprehension assessment and plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Granite Mesa Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Max Copeland Dr Marble Falls, TX 78654	

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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 - Few	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** 49097 Based on observation, interview, and record review, the facility failed to ensure residents who were unable to conduct activities of daily living received necessary services to maintain personal hygiene for 2 of 6 residents reviewed for ADLs. (Resident #3, and Resident #5) The facility did not provide scheduled showers for Resident #3. The facility did not assist Resident #5 close his gown causing him to expose his butt to the female across the hall from him on at least two occasions. This failure could place all residents who were dependent on staff for ADLs at risk for embarrassment, rashes, infections, discomfort, and skin break down. Findings Include: Record review of Resident #2's face sheet dated 04/16/2024 revealed Resident #2 was admitted to the facility on [DATE]. Resident #2 was a [AGE] year-old female. Her diagnoses included faster than normal heartbeat, diabetes, protein-calorie malnutrition, urinary tract infection, muscle wasting, lack of coordination, elevated levels of fat particles in the blood, high blood pressure, sleep apnea, difficulty communicating, heart flutter, reflux, and kidney infection. Record review of Resident #2's MDS dated [DATE] indicated Resident #2 understood others and made herself understood. The MDS indicated Resident #2 was cognitively intact with a BIMS score of 14. Record review of Resident #2's comprehensive care plan dated 03/11/2024 indicated Resident #2 had an ADL self-care performance deficit related to weakness and deconditioning following recent hospitalization . The care plan indicated Resident #2 required staff participation to use the bathroom and staff assistance with dressing upper and lower body. Record review of Resident #5's face sheet revealed the resident admitted to the facility on [DATE] dated 04/16/2024. Resident #5 was a [AGE] year-old male. His diagnoses included irregular heartbeat, stroke, paralysis of the left side, muscle wasting, lack of coordination, need for assistance with personal care, heart disease, elevated levels of fat particles in the blood, high blood pressure and colon cancer. Record review of Resident #5's MDS dated [DATE] indicated Resident #5 understood others and made himself understood. The MDS indicated Resident #5 was cognitively intact with a BIMS score of 14. Resident #5 MDS revealed he needed partial/moderate assistance with dressing. Record review of Resident #5's comprehensive care plan dated 03/18/2024 indicated Resident #5 had an ADL self-care performance deficit related to a recent stroke with left sided deficits. The care plan indicated Resident #5 required staff participation to use the bathroom and staff assistance with dressing upper and lower body. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #3's face sheet dated 04/16/2024 revealed Resident #3 was a [AGE] year-old female admitted to facility on 04/11/2024. Her diagnoses included broken hip, aftercare following joint replacement surgery, high blood pressure, Protein-calorie malnutrition, weight loss surgery, and elevated levels of fat particles in the blood. Record review of Resident #3's MDS dated [DATE] indicated Resident #3 understood others and made herself understood. The MDS indicated Resident #3 was cognitively intact with a BIMS score of 15. The MDS was still in progress. Record review of Resident #3's comprehensive care plan dated 04/11/2024 indicated Resident #3 had an ADL self-care performance deficit related to a recent right hip fracture. The care plan indicated Resident #3 required staff participation when bathing and dressing upper and lower body, putting on and taking off footwear. An interview with Resident #2 on 04/16/2024 at 11:04am revealed that Resident #5 exposed his butt to Resident #2 when he came out the bathroom on at least two occasions. Resident #2 stated Resident #5 would wear a hospital gown and no under pants. She stated that he had come out of the bathroom two times and his butt was not covered and she had seen it. She stated she did not inform the staff because she did not want to embarrass Resident #5. An interview with Resident #3 on 04/16/2024 at 1:04pm and again at 2:35pm revealed that she had been admitted to the facility on [DATE]. Resident #3 revealed that she had not had a shower since she was admitted to the facility. She stated that she has had the same socks on since she got to the facility. She stated that when she was admitted she could not get her incision wet, and staff told her she would need to do a bed bath. She stated that staff had not offered her a shower or a bed bath. Record Review of Resident Shower log box for 04/11/2024 to 04/16/2024 revealed that Resident #3 had not had a shower since she had been at the facility. An interview with LVN E on 04/16/2024 at 1:18pm revealed residents were given clean socks after the resident had their shower. She stated that most of the socks the facility had were yellow and the resident may not have realized she had clean socks on. She stated when she would come, and a resident had a night gown or hospital gown she would try to encourage the resident to change. She stated she had just met Resident # 3 and that she did not know if the resident had changed socks. She also stated she did not know anything about Resident #5 exposing his butt to other residents. An interview with CNA G on 04/16/2024 at 1:40pm revealed that each resident had their shower days and if the resident did not have socks the facility provided socks for the resident. She stated that the main socks in the facility were yellow. She stated that Resident #5 wore a gown and did not fasten it in the back but did not hear of him exposing his butt to any residents. She stated that she never mentioned to him to close the back so he would not be exposed. She stated that he had difficulty putting on his clothes and pulling them up, so he wore the gowns because they were easier. She stated that they must assist the resident with all ADLs. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Granite Mesa Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Max Copeland Dr Marble Falls, TX 78654	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with LVN F on 04/16/2024 at 1:54pm revealed that she did not know if Resident #3 had gotten a shower or changed her socks since she had been at the facility. She stated the facility had a shower list that staff would check off the residents that they gave a shower to. She stated that she had not known about Resident #5 exposing his butt to other residents. She stated he liked to wear the gown because he had trouble putting on his pants. An interview with Resident #5 on 04/16/2024 at 2:03pm revealed that he wore hospital gowns because he had trouble getting his clothes on and off and had accidents. He stated that he did not know that his butt was exposed, and other residents saw it. Resident #5 stated that he will push the button to get help and staff would not come, so he just started to wear the gown so he would not have an accident on himself. He stated that he had a tough time closing the gown in the back. He stated he did not want to expose his butt to anyone. An interview with CNA G on 04/16/2024 at 3:23pm revealed that if a resident was out due to a medical appointment and the resident missed their shower, then the resident would not get one until their next shower day. She stated she did not know why Resident #3 did not get a shower. She stated the shower aide was out the day after the resident was admitted . She also stated that Resident #3 was at a doctor's appointment on the previous Monday and she that could have been why she did not get a shower. CNA G stated that the resident could have skin breakdown from not getting a shower. She also stated she did not know why Resident #6 had not had his bed changed after staff took out his IV. An interview with CNA F on 04/16/2024 at 3:32pm regarding Resident #3 revealed that the shower aide was out the day after the resident was admitted and that the shower aide was not at the facility all day . She stated that she would try to get the resident in the shower when they were admitted since the staff had to do a skin assessment. An interview with the Administrator on 04/16/2024 at 3:40pm revealed that there was no reason for a resident to not get a shower. He stated staff should offer the resident a shower if they miss their shower due to being at a doctor's appointment. The administrator stated that staff should have changed the sheets and gown on the resident as soon as the staff took the IV out. He stated he did not know why Resident #5 did not get assistance to help him close his gown. He also stated he does not know why Resident # 3 did not get a shower because he normally checks the shower log. Record Review of the Restorative Nursing Assistant Job Description dated 12/17/2021 revealed that an essential duties and responsibility was for the Nursing Assistant to change bed linens, assist residents with bath functions (bed bath, tub, or shower bath) and keep the resident dry (change gown, clothing, and linen). Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 revealed that nursing service staff are to care for residents in a manner and in an environment that promotes maintenance or enhancement of each residents' quality of life and promotes care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (continued on next page)

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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 - Few	Record Review of the Policy/Procedure- Nursing Administration Nursing Services- ADLs dated 05/2007 also revealed that each resident receive assistance as needed to manage their physical needs which includes personal hygiene grooming, toileting, transferring, ambulating, and eating. Each resident receives or provided the necessary care and services enabling him/her to attain or maintain the highest practicable physical, mental, or psychosocial well-being, in accordance with the comprehension assessment and plan of care.