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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666 | |

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) |
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| <p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interview and record review, the facility failed to extend to the resident representative the right to make decisions on behalf of the resident for one (Resident #1) of four residents reviewed for resident representative rights.</p> <p>The facility failed to obtain consent by Resident #1's RP before administering the COVID-19 vaccine.</p> <p>This failure placed residents at risk of denying the resident through the resident representative their wishes and preferences.</p> <p>The findings included:</p> <p>Review of Resident #1's undated face sheet reflected an [AGE] year-old female who was admitted the facility on 10/15/21 with diagnoses including unspecified dementia, cognitive communication deficit, anxiety disorder, and major depressive disorder. FM A was listed as her RP.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 09/25/24, reflected a BIMS score of 4, indicating a severe cognitive impairment.</p> <p>Review of Resident #1's quarterly care plan, dated 07/03/24, reflected she had altered cognition with an intervention of assisting with decision making as needed or enlisting family to do so.</p> <p>Review of Resident #1's COVID-19 Vaccine Declination Form, dated 02/14/22, reflected FM A declined the vaccine for Resident #1.</p> <p>Review of Resident #1's COVID-19 Vaccine Consent Form, dated 02/29/24, reflected RN B documented she received verbal consent from Resident #1 for the vaccination.</p> <p>Review of an intake submitted to HHSC, dated 10/03/24, reflected Resident #1 was administered a COVID-19 vaccination without obtaining their RP's consent.</p> <p>During an interview on 10/22/24 at 10:36 AM, RN B stated they had just changed over to a new charting system. She stated in February (2024), in their old charting system, it had Resident #1 listed as her own RP. She stated that was why she felt comfortable administering the COVID vaccine to her when she gave verbal consent.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 10/22/24 at 10:48 AM, Resident #1 was asked about receiving a COVID-19 vaccine. She did not know what a vaccine was.</p> <p>During an interview on 10/22/24 at 10:53 AM, LVN C stated Resident #1 would not be able to consent to a vaccine as she was unable to grasp what that meant or entailed. He stated that would be a decision for her RP to make.</p> <p>During an interview on 10/22/24 at 12:50 PM, the DON stated consents should be signed by either the resident if they were capable or by their RP. She stated consents were important because the resident and/or RP needed to know they wanted the care or medication, to ensure they understood the treatment and potential side-effects, and because it was their right to be informed. She stated she believed Resident #1 had the ability to make the determination regarding a COVID vaccination at that time (February 2024).</p> <p>On 10/22/24, multiple attempts were made to contact Resident #1's RP. A returned telephone call was not received prior to exiting.</p> <p>Review of the facility's undated Resident Rights Policy reflected the following:</p> <p>.</p> <p>d. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for four (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) of six resident rooms reviewed for a clean and homelike environment.</p> <p>The facility failed to ensure Rooms #1, #2, #3, and #4 did not have floors and bedside tables that were not caked with food particles and debris and did not have bags of soiled briefs left in them.</p> <p>This failure placed residents at risk of decreased feelings of self-worth and a diminished quality of life.</p> <p>Findings included:</p> <p>Observation on 10/22/24 at 9:18 AM revealed sticky brown substances caked on the floor throughout the room of room [ROOM NUMBER]. The fall mat next to bed A was covered in dirt and debris.</p> <p>Observation on 10/22/24 at 9:23 AM revealed the floor in room [ROOM NUMBER] to have brown streaks on the ground throughout the room. The legs of a bedside table by the B bed had food and debris covering them.</p> <p>Observation on 10/22/24 at 9:28 AM revealed sticky brown substances caked on the floor throughout the room of room [ROOM NUMBER]. There was also a dried blood-like substance on the ground by bed A.</p> <p>Observation on 10/22/24 at 9:34 AM revealed a tied trash bag filled with soiled briefs and wipes on the floor of room [ROOM NUMBER] by bed A.</p> <p>Observations on 10/22/24 from 10:58 AM - 11:14 AM revealed Rooms #1, #2, #3, and #4 to still be in the same condition .</p> <p>During an interview on 10/22/24 at 11:18 AM, HSK D stated each housekeeper had their own hallway to clean, including resident rooms (facility had four hallways). She stated they start their shifts at 6:00 AM. She stated they were short-staffed that day and the 200 hall (hall with Rooms #3 and #4) did not have anyone assigned to it. She stated their responsibilities in resident rooms included sweeping, mopping, cleaning the sink and toilet, and taking out the trash.</p> <p>During an interview on 10/22/24 at 12:50 PM, the DON was shown pictures of Rooms #1, #2, #3, and #4. She stated the uncleanliness of the rooms did not meet her expectations. She stated housekeeping was ultimately responsible for cleaning resident rooms but it was every staff member's responsibility to ensure resident rooms were clean. She stated the importance of maintaining clean resident rooms was for infection control purposes.</p> <p>Review of the facility's undated Homelike Environment Policy, reflected the following:</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment .</p> <p>.</p> <p>3. The facility will maintain a clean environment.</p> |