

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/18/2025
NAME OF PROVIDER OR SUPPLIER Copperas Hollow Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 345 Country Club Dr Caldwell, TX 77836	

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 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on interview and record review, the facility failed to ensure a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, received appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being, for one (1) of ten (10) residents reviewed for behavioral health services. (Resident #1)</p> <p>The facility failed to provide a response to Resident #1's dementia related mood disturbance behavior. On 09/30/24 the MD ordered psychological services to evaluate and treat Resident #1, no mental health interventions were received, and she was discharged to a BHH seven days later.</p> <p>This failure resulted in an identification of an Immediate Jeopardy (IJ) on 01/17/25 at 1:18 PM. While the IJ was removed on 01/18/2025 at 2:54 PM, the facility remained at a level of actual harm at a scope of isolation that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>This failure could affect residents who had documented signs and symptoms of mental health disturbance.</p> <p>Findings Included:</p> <p>Review of Resident #1's face sheet dated 01/02/25 reflected an [AGE] year-old female who was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dementia, mild with mood disturbance, sepsis, UTI, (bacterial infection that occurs in the urinary tract and encounter for surgical aftercare following surgery on the genitourinary (urinary and genital organs) system.</p> <p>Review of Resident #1 discharge document, dated 10/07/24 reflected, resident discharged to [BHH] facility for eval and treatment. Primary diagnosis, UTI Sepsis , course of treatment skilled services pt, ot, st</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
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<p>F 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's care plan focus initiated 09/15/24 reflected the resident has a history of trauma that may have a negative impact. The trauma is related to history of event of removal of fecal impaction. Resident alleges that a [NAME] comes into her room at night and takes pictures of her buttocks. Goal dated 10/04/24 maintain resident's safety and integrity during post trauma episode using appropriate interventions.</p> <p>Interventions:</p> <p>Date initiated 09/15/24 identify situation/events/images that trigger recollection of traumatic event and limit the resident's exposure to these as much as possible.</p> <p>Date 10/04/24 arrange to licensed mental health provider as ordered by physician</p> <p>Review of Resident #1's BIMS assessment dated [DATE] reflected a BIMS score of 9, moderate cognitive impairment.</p> <p>Review of Resident #1's Discharge MDS dated [DATE] reflected discharge assessment, return not anticipated, type of discharge - planned, discharge status short term general hospital (acute hospital), MDS score of 7 indicating severe cognitive impairment, evidence of an acute change in mental status of resident's baseline, disorganized thinking or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject), behavior - delusions, utilized a manual wheelchair, urinary and bowel incontinence - always incontinent.</p> <p>Chronological Review of Resident #1's EMR revealed:</p> <p>Review of standard medication order signed by the MD dated 08/16/24 reflected medication Escitalopram by mouth 1 tablet one time a day for depression related to depression, unspecified.</p> <p>Review of Treatment Administration Order signed by the MD dated 08/16/24 reflected behavior monitoring including hallucinations/paranoid delusion.</p> <p>09/30/24 12:22 pm called RP to discuss resident concern; no answer and no voicemail activated; will try again this date.</p> <p>09/20/24 4:43 pm called RP to discuss resident concern; no response; sent email to RP requesting communication.</p> <p>Review of Resident #1 standing order dated 09/30/24 signed by the facility medical director for psychological services to evaluate and treat one time only related to dementia in other diseases, mild with mood disturbance for 1 day.</p> <p>10/01/24 9:19 am This nurse called RP for verbal consent to have [psychological services] see resident for incident on 9-30-24. no answer received. will inform DON</p> <p>10/01/24 1:11 pm 2nd attempt made to contact RP, no answer and unable to leave a voice mail, Will inform social worker</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview on 01/17/25 with the facility DON at 5:56 pm revealed she was not employed at the facility when Resident #1 was a resident, and she does not know why the facility did not reach out to the psychological services as ordered by the facility MD. She revealed that delayed assistance for ordered mental health services could be life or death. A review of the 10/04/24 at 6:23 behavior note during nurse to nurse previous shift informed this nurse that resident had requested her fork in rm. CNA gave resident her fork where resident proceeded to inform her that she was using fork for her protection. This nurse approached resident and requested that she return the fork. Resident informed this nurse that the fork was the only thing she had for protection in case that nurse comes in her room sounded like Resident #1 really needed some help.</p> <p>Review of facility Behavior Management Policy dated 04/19/05 reflected behavior management includes the management of anger, confusion, hallucinations, and other behavior by utilizing techniques such as area limitations, self-responsibility, group interactions, limit setting, and behavior modifications depending on individual needs. Behavior changes can be attributed to dementia disorders or psychological conflicts resulting from a loss of control over body, environment, and unmet needs such as pain, hunger, thirst, and toileting. They may include combativeness, arguing, agitation, and aggressiveness.</p> <p>Goals:</p> <ol style="list-style-type: none"> 1. The resident will modify behavior for optimal functioning and well-being. 2. The resident will facilitate behavior changes with expression of anger and negative behaviors/responses managed in a constructive fashion. 3. The resident will comply with behavior modification program with behavioral expectations achieved. 4. The resident will experience a decrease in anxiety as evidenced by a calmer and less combative attitude. <p>Dementia and Behavioral Health Policy - undated</p> <p>Monitoring:</p> <p>When monitoring antipsychotics, it is important to not only evaluate ongoing effectiveness and potential adverse consequences, as discussed below, but also to evaluate the use of any other psychopharmacological medications (e.g. mood stabilizers, benzodiazepines) being given to the resident.</p> <p>The ADM was notified on 01/17/25 at 1:18 PM that an IJ had been identified and an IJ template was provided. The following POR was approved on 01/18/25 at 10:52 am.</p> <p>Entrance Date: 1/16/2025</p> <p>Problem: F742</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 01/17/2025 an abbreviated survey was initiated at the facility. On 01/17/2025 the surveyor provided an Immediate Threat (IJ) Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate threat to resident health and safety.</p> <p>The notification of Immediate Threat states as follows: The facility failed to provide a response to Resident #1's dementia related mood disturbance behavior.</p> <p>Action:</p> <p>5. Resident #1 currently does not reside in the facility as of 1/17/25.</p> <p>6. The DON/ADON audited all psychology and psychiatry orders for active residents over the last 6 months. Two residents were identified, and both are actively receiving psychiatric services. This was completed on 1/17/25. The facility has 11 total residents on psych services and 2 of those were referred to psych services within the last 6 months.</p> <p>7. The Administrator and DON will be responsible for initiating all psychological and psychiatry referrals to the provider. This will start 1/17/25.</p> <p>8. The Administrator DON, and ADON were in serviced 1:1 by the Regional Compliance Nurse on the following topics below on 1/17/25.</p> <p>E. Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect.</p> <p>F. Behavioral Management Policy: Addressing residents who display mental disorders, psychosocial disorders, or who have a history of PTSD, ensuring that residents are assessed and receive appropriate treatment and services ordered by a physician or NP.</p> <p>G. Following Physician Orders Policy: to include notifying the provider to initiate psychology and/or psychiatric referrals when ordered by a physician or NP.</p> <p>9. The Medical Director was notified of the immediate jeopardy on 01/17/2025 by the Administrator.</p> <p>10. An ADHOC QAPI meeting was completed with interdisciplinary team on 01/17/2025 which included the Medical Director, Administrator, Director of Nursing, and Assistant Director of Nursing to discuss the citations and plan of removal.</p> <p>In-services</p> <p>The Administrator and DON initiated the following in-services for Licensed Nurses. Training began 01/17/2025 and will be completed 01/17/2025. Licensed Nurses not present and PRNs will be in-serviced prior to their next shift. All new hires will be in-serviced during facility orientation. All agency staff will be in-serviced prior to their assigned shift.</p> <p>11. Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>12. Behavioral Management Policy: Addressing residents who display mental disorders, psychosocial disorders, or who have a history of PTSD, ensuring that residents are assessed and receive appropriate treatment and services ordered by a physician or NP.</p> <p>13. Following Physician Orders Policy: to include notifying the provider to initiate psychology and/or psychiatric referrals when ordered by a physician or NP.</p> <p>The Administrator and DON initiated the following in-services for all staff. Training began 01/17/2025 and will be completed 01/17/2025. All staff not present, and PRNs will be in-serviced prior to their next shift. All new hires will be in-serviced during facility orientation. All agency staff will be in-serviced prior to their assigned shift.</p> <p>A. Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect.</p> <p>Surveyor Monitoring:</p> <p>The administrator and/or DON will review all orders daily x 5 days a week for any orders in reference to psychological and psychiatry services to ensure that all referrals have been initiated. This will begin 1/17/25 and end on 2/14/25.</p> <p>Interview with the DON confirmed that a facility audit was conducted of all psychology and psychiatry orders for active residents over the last 6 months. Reviewed the orders for the two residents who were identified and confirmed they both are actively receiving psychiatric services by reviewing most recent psychiatric records.</p> <p>Interview with the Administrator and DON confirmed they will be responsible for initiating all psychological and psychiatry referrals to the facility contracted provider.</p> <p>Interview with the ADM and DON (ADON unable to interview the ADON because of family medical emergency) that they were in serviced by the Regional Compliance Nurse on the following topics below on:</p> <p>Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect.</p> <p>Behavioral Management Policy: Addressing residents who display mental disorders, psychosocial disorders, or who have a history of PTSD, ensuring that residents are assessed and receive appropriate treatment and services ordered by a physician or NP.</p> <p>Following Physician Orders Policy: to include notifying the provider to initiate psychology and/or psychiatric referrals when ordered by a physician or NP.</p> <p>Reviewed documentation that the Medical Director was notified of the immediate jeopardy on 01/17/2025 by the Administrator and an ADHOC QAPI meeting was completed with interdisciplinary team on 01/17/2025 which included the Medical Director, Administrator, Director of Nursing, and Assistant Director of Nursing to discuss the citations and plan of removal.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During interviews on 01/18/25 from 12:07 pm - 2:29 pm six nurses all from various shifts all stated they were in-serviced prior to their assigned shift on:</p> <p>.</p> <ol style="list-style-type: none"> 1. Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect. 2. Behavioral Management Policy: Addressing residents who display mental disorders, psychosocial disorders, or who have a history of PTSD, ensuring that residents are assessed and receive appropriate treatment and services ordered by a physician or NP. 3. Following Physician Orders Policy: to include notifying the provider to initiate psychology and/or psychiatric referrals when ordered by a physician or NP. <p>During interviews on 01/18/25 from 12:07 pm - 2:29 pm six CNAs, two medication aides, and 1 dietary across various shifts all stated they were in-serviced prior to their assigned shift on:</p> <p>A. Abuse and Neglect Policy: Failure of the facility to initiate and provide psychological or psychiatric services to a resident could be considered abuse and neglect.</p> <p>The ADM was notified on 01/18/2025 at 2:54 PM, that the IJ had been removed. While the IJ was removed, the facility remained at a level of no actual harm at a scope of pattern that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on interview, and records review, the facility failed to ensure that medical records were accurately documented for one (Resident #2) of five residents reviewed for accurate clinical records</p> <p>The facility failed to ensure Resident #2's progress notes and assessments reflected he was slapped by another resident as reported in a facility self-report.</p> <p>This deficient practice could place residents at risk for errors in care and treatment.</p> <p>Findings included:</p> <p>Review of Resident #2's face sheet dated 01/03/25 reflected a [AGE] year-old male who was originally admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease, type 2 diabetes, and major depressive disorder.</p> <p>Review of Resident #2's BIMS assessment dated [DATE] reflected a BIMS score of 14, reflecting intact cognition.</p> <p>Review of Resident #2's quarterly MDS dated [DATE] reflected an active diagnosis of non-traumatic brain dysfunction (a complex condition that occurs when the brain is damaged by internal factors, rather than an external force to the head).</p> <p>Review of Resident #2's care plan focus, dated 01/14/20 and revised 12/17/21 revealed impaired cognition function/dementia and impaired thought processes. No entry was made in Resident #2's care plan discussing being slapped by another resident on 07/24/24.</p> <p>Facility self-report dated 07/24/24 reflected on 07/24/24 Resident #2 reported to the DON that another resident slapped him, open handed in his mouth.</p> <p>Review of Resident #2's weekly skin assessments reflect no assessments for the date of 07/24/24.</p> <p>Resident #2's nursing progress notes reflect no entries dated 07/24/24.</p> <p>Interview on 01/03/25 with the area director of operations at 12:48 pm reflected she was not aware the incident had occurred and when she investigated it on 01/03/25, approximately 6 months after the facility self-report, she learned from staff that Resident #2 was not slapped by another resident. A resident attempted to slap him but missed. The area director of operations she spoke to Resident #2 on 01/03/25 and he did not remember being hit.</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility policy, documentation, date 05/2015 reflected documentation is the recording of all information, both objective and subjective, in the clinical record of an individual resident. It includes observations, investigations, and communications of the resident involving care and treatments. It has legal requirements regarding accuracy and completeness, legibility and timing. Special forms in the clinical record are utilized in nursing documentation, such as assessment, care plan, nursing progress notes, flow sheets, medication sheets, incident reports, and summary sheets (daily, weekly, monthly, discharge). Documentation also occurs in the clinical software Point Click Care (PCC).</p> <p>Goal</p> <ol style="list-style-type: none"> 1. The facility will maintain complete and accurate documentation for each resident on all appropriate clinical record sheets. 2. The facility will ensure that information is comprehensive and timely and properly signed. <p>Procedure</p> <p>Document completed assessments in a timely manner and per policy.</p> <p>Complete documentation in narrative nursing notes as needed in a timely manner. Each entry will be dated and timed. Each entry will be signed with proper signature and title. If PCC is used for the assessment the signature and title of the person entering the information will be signed by entering their password</p> <p>Daily documentation X 72 hours will be required for each shift for new admissions, during and following an acute episode, following an incident, and during physiologic, mental, or emotional changes or instability.</p>