STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676227	A. Building B. Wing	04/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copperas Hollow Nursing & Rehabilitation Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record reviews, the facility failed to immediately notify the resident representative when there was a change in residents health status for 1 of 5 resident (Resident #1) reviewed for notification of changes.The facility failed to immediately notify Resident #1's Emergency contact when resident was transferred to hospital for respiratory failure while enroute to dialysis.This failure could place residents at risk of injury, hospitalization, and/or decreased quality of life. Record review of Resident #1's face sheet revealed a [AGE] year-old female admitted on [DATE]. Her diagnoses included Hepatorenal Syndrome (a condition in which severe liver disease causes the kidneys to stop functioning properly), Chronic Obstructive Pulmonary Disease (a group of diseases that cause airflow blockage and breathing-related problems), Hyperlipidemia (High level of fat in the bloodstream), and End stage renal disease (condition in which kidneys have permanently failed and can no longer effectively filter waste from the blood). Record review of Resident #1's MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15 which indicated no significant impairment in memory or thinking. Record review of Resident #1's progress notes dated 04/03/2026 revealed Per social worker ambulance service before resident made it to dialysis, took her to hospital for respiratory failure. DON aware and MD. Record review of Resident #1's transfer notification dated 04/06/2026 revealed resident was transferred to a hospital on way to dialysis. The next sentence states This notice was provided to (check all that apply) Resident and Resident Representative. There were no check marks by the resident or resident representative showing they had been notified. In an interview on 04/11/2026 at 11:00 AM, Resident #1's daughter stated the facility never called her to tell her that her mom was in the hospital. The daughter found out her mom was in the hospital when the hospital called her after getting the phone number from the resident before being intubated. Resident daughter stated she feels she was robbed from being able to talk to her mom before she was intubated. In an interview on 04/11/2026 at 12:15 PM, DON state the Resident #1 traveled to dialysis by ambulance service. DON said that enroute to dialysis the resident became distressed and experiencing shortness of breath and was taken to the ER. The DON stated she called the hospital to check on the resident, and the Administrator attempted to call and reach out to the Responsible Party. In an interview on 04/11/2026 at 12:30 PM, the Administrator was asked if she had called the family member when Resident #1 was sent to the hospital. The administrator stated the resident was her own responsible party, so she called the resident's phone, and it went to voicemail. She tried to call the resident a few more times that day and it went to voicemail. The Administrator was asked if she called the resident's family member who was listed as the Emergency Contact #1 that day. She said, no the resident is her own responsible party. The Administrator said on the first day she tried calling the resident, the DON had spoken to the hospital, and the resident was on room air and able to speak. The Administrator said she never spoke to the resident's family member on the phone. Record review of Family Notification Policy- Social Services Manual 2003 revealed Procedure: 1. The family will be notified of any resident change. 2. Health Problem. 2. Each resident, and/or family representative is asked to give a list of family members who can be contacted in case of emergency or urgency.

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