

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/23/2024
NAME OF PROVIDER OR SUPPLIER  The Belmont at Twin Creeks		STREET ADDRESS, CITY, STATE, ZIP CODE  999 Raintree Circle Allen, TX 75013	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42283</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents receive proper treatment and care to maintain good foot health for one (Resident #1) of four residents reviewed for foot care.</p> <p>The facility failed to ensure Resident #1 received foot care.</p> <p>This failure could place residents at risk of diminished quality of life by not receiving care and services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included heart failure, hypertension, gastroesophageal reflux disease, hyperkalemia, hyperlipidemia, Alzheimer's disease, multiple sclerosis, and seizure disorder. Her BIMS score was 3 out of 15, which revealed she was severely cognitively impaired. She required maximal assistance with mobility and dependent on staff with ADLs.</p> <p>Record review of Resident #1's Care Plan, updated 08/21/24, revealed her pressure ulcer prevention was skin prep to bilateral toes once a day as preventative measures. Her goal was not to develop pressure ulcers. Her interventions were pressure redistribution mattress and assess for appropriate footwear.</p> <p>Record review of Resident #1's August 2024 physician orders reflected:</p> <p>Weekly head to toe with an order date of 04/21/24 and frequency of one time weekly;</p> <p>Wound treatment - apply triple antibiotic ointment with an order date of 08/21/24 (the order did not specify application area);</p> <p>Preventative treatment - skin prep - apply skin prep to bilateral toes for preventative treatment with an order date of 08/21/24; and</p> <p>Preventative treatment - monitor site- monitor bilateral toes for signs and symptoms of complications (open wounds, redness, or infection) with an order date of 08/21/24.</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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's August 2024 treatments (08/01/24 - 08/31/24) reflected:</p> <p>Weekly head to toe assessments were completed on 08/02/24, 08/09/24, and 08/16/24;</p> <p>Podiatry consult - one time daily for thirty days starting 07/11/24 - completed (completion date was not included in the order); and</p> <p>Wound treatment - apply triple antibiotic ointment one time daily starting 08/21/24 (the order did not specify application area).</p> <p>Record review of Resident #1's podiatry note dated 07/15/2024 reflected:</p> <p>Resident #1 was seen and evaluated on 07/15/24. A complete foot examination was performed. Resident #1's toenails of bilateral feet were provided sharp debridement using a sterile nail clipper without insult to the skin. Resident #1's toenail specimen was sent to lab for further evaluation. A complete vascular examination was also performed. Resident #1 will be seen again in three months or sooner if necessary.</p> <p>Record review of Resident #1's Telehealth visit summary dated 08/21/24 reflected:</p> <p>Reason for visit: Skin/wound issue</p> <p>Participating provider: Wound care physician</p> <p>Comments: Resident #1 had various pink areas on bilateral toes, notified Wound care physician. Per Wound Care Physician the toes did not appear open; skin prep and monitor. The Telehealth visit was conducted after Surveyor intervention on 08/21/24.</p> <p>Observation of Resident #1's toes on 08/21/24 at 12:20 pm revealed there were pink areas on both feet. There was flaky skin on the top of both feet and in between two of her toes on her left foot. Resident #1's toenails curled over the top of her toes on two of her toes on both feet. Resident #1 had discoloration to two of her nails on both feet.</p> <p>Interview with the Treatment Nurse on 08/21/24 at 12:30 pm revealed Resident #1's toes appeared better than in July 2024. The treatment nurse stated Resident #1's toes appeared better than other residents at the facility. The Treatment Nurse repeatedly stated there were no issues with Resident #1's toes. She stated Resident #1 received skin prep to toes in July 2024. The Treatment nurse stated Resident #1 was not currently receiving any wound care to her toes.</p> <p>Interview with the DON on 08/21/24 at 12:35 pm revealed Resident #1's toes appeared to look good. The DON stated there were no issues with Resident #1's toes. She stated Resident #1 had been seen by the podiatrist in July 2024.</p> <p>Interview with the SW on 08/21/24 at 1:07 pm revealed she was responsible for referring residents to the podiatrist. She stated Resident # 1 was seen by the podiatrist on 07/15/24 and will be seen again in October 2024. She stated the purpose of podiatry was to maintain proper foot care. She stated the risk to Resident #1 not receiving proper foot care was development of wounds.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with a Family Member on 08/21/24 at 2:45 pm revealed she last saw Resident #1's toes weeks ago. She stated in July 2024 Resident #1's toes had wounds that were weeping. She stated she should not have to come to the facility and remove Resident #1's shoes to see if care had been provided. She stated the facility should be taking care of Resident #1's toes.</p> <p>Observation and Interview with Resident #1 on 08/23/24 at 11:45 am revealed her toes appeared to be clean and free of flaky skin. There appeared to be scars noted on Resident #1's knuckles. There were no open areas on Resident #1's toes. On Resident #1's left foot, her second digit was discolored and appeared darker than the other toes. Resident #1 stated she was able to feel when the nurse touched her toe. Resident #1 stated her toes were not painful. Resident #1 was able to answer a few simple questions and was oriented to person only.</p> <p>Interview with the Treatment Nurse on 08/23/24 at 1:12 pm revealed Resident #1 would benefit from routine skin prep. She stated Resident #1 was currently receiving skin prep to her toes. She stated the purpose of skin prep was to harden Resident #1's skin on her toes. She stated there was no difference in the appearance of Resident #1's toes on 08/21/24 and 08/23/24.</p> <p>Interview with the DON on 08/23/24 at 4:00 pm revealed Resident #1's toes appeared the same on 08/21/24 and 08/23/24. She stated the appearance of Resident #1's toes were her baseline. She stated there was nothing wrong with Resident #1's feet. She stated the appearance of Resident #1's toes on 08/21/24 was avoidable with lotion. She stated skin prep was performed to the pink areas on Resident #1's toes for preventative measures. She stated Resident #1 had dry skin on her toes. She stated the risk to Resident #1 was skin breakdown on her toes.</p> <p>A podiatry policy was requested from the Administrator on 08/21/24 at 11:39 AM and was not provided.</p>		