

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3210 W Hwy 22 Corsicana, TX 75110	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47172</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for two (Resident #1 and Resident #2) of five residents reviewed for bathing.</p> <p>The facility failed to provide showers to Resident #1 and Resident #2 in compliance with their shower schedules.</p> <p>This deficient practice could place residents at risk of a decline in their sense of well-being and level of satisfaction with life.</p> <p>Findings included:</p> <p>Review of Resident #1's admission MDS, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including heart failure, disorientation, Encephalopathy (a change in brain function causing confusion and agitation that may leave temporary or permanent brain damage), muscle wasting and atrophy, and cerebral infarction (when blood flow to a part of the brain is obstructed). Resident #1 had a BIMS score of 10, which indicated moderately impaired cognition. She required substantial/maximal assistance for showers/baths.</p> <p>Review of Resident #1's care plan, created 12/02/2024, reflected she had an ADL self-care performance deficit with an intervention of requiring assistance with ADL care for showers.</p> <p>Review of Resident #1's general orders created by the ADON on 11/21/24 in her EMR reflected that she was to receive showers on Mondays, Wednesdays, and Fridays once an evening between the hours of 6:00 PM and 6:00 AM.</p> <p>Review of Resident #1's bathing tasks in her EMR, from 12/02/24 - 1/13/25, reflected that she did not receive a shower on the following dates:</p> <p>12/2/24-NA 1 indicated activity did not occur at 12:15 AM and 7:56 AM, CNA B indicated activity did not occur at 11:53 AM.</p> <p>12/3/24-CNA C indicated activity did not occur at 11:51 AM and CNA D indicated activity did not occur at 11:25 PM.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/4/24-NA 2 indicated activity did not occur at 5:23 PM.</p> <p>12/5/24-NA 2 indicated activity did not occur at 12:43 PM.</p> <p>12/7/24-CNA C indicated activity did not occur at 12:05 PM.</p> <p>12/8/24-NA 1 indicated activity did not occur at 3:36 AM, LVN 1 indicated activity did not occur at 8:58 AM, and CNA D indicated activity did not occur at 7:59 PM.</p> <p>12/9/24-CNA F indicated activity did not occur at 10:43 PM.</p> <p>12/10/24-CNA G indicated activity did not occur at 5:15 PM and CNA F indicated activity did not occur at 9:52 PM.</p> <p>12/11/24-this day was left unanswered.</p> <p>12/12/24-CNA E indicated activity did not occur at 4:00 AM, CNA H indicated activity did not occur at 4:28 PM, and CNA I indicated activity did not occur at 8:10 PM.</p> <p>12/13/24-NA 3 indicated activity did not occur at 10:18 AM.</p> <p>12/14/24-Resident returned from hospital at 4:38 AM and CNA G indicated activity did not occur at 10:32 AM and CNA C indicated activity did not occur at 6:52 PM.</p> <p>12/15/24-NA 3 indicated activity did not occur at 11:24 AM and CNA F indicated activity did not occur at 11:43 AM.</p> <p>12/16/24-CNA H indicated activity did not occur at 11:33 AM.</p> <p>12/17/24-NA 1 indicated activity did not occur at 12:34 AM and 8:30 PM, CNA H indicated activity did not occur at 11:19 AM.</p> <p>12/18/24-CNA H indicated activity did not occur at 7:58 PM.</p> <p>12/19/24-CNA F indicated activity did not occur at 7:39 PM.</p> <p>12/20/24-CNA H indicated activity did not occur at 2:26 PM.</p> <p>12/21/24- CNA H indicated activity did not occur at 4:36 PM and CNA I indicated activity did not occur at 9:00 PM.</p> <p>12/22/24-CNA H indicated activity did not occur at 10:40 AM and CNA E indicated activity did not occur at 7:54 PM.</p> <p>12/24/24-this day was left unanswered.</p> <p>12/25/24-CNA H indicated activity did not occur at 11:10 AM and NA 1 indicated activity did not occur at 9:21 AM.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/26/24-CNA B indicated activity did not occur at 7:29 PM.</p> <p>12/27/24- CNA F indicated activity did not occur at 9:14 PM.</p> <p>12/28/24-NA 3 indicated activity did not occur at 3:20 PM.</p> <p>12/29/24-NA 3 indicated activity did not occur at 2:01 PM.</p> <p>12/30/24-CNA B indicated activity did not occur at 11:44 AM.</p> <p>12/31/24- CNA H indicated activity did not occur at 11:38 AM and CNA E indicated activity did not occur at 8:30 PM.</p> <p>1/1/25-NA 2 indicated activity did not occur at 5:18 PM.</p> <p>1/3/25-NA 2 indicated activity did not occur at 2:44 PM and CNA E indicated activity did not occur at 7:36 PM.</p> <p>1/4/25-CNA H indicated activity did not occur at 8:18 AM and CNA J indicated activity did not occur at 7:52 PM.</p> <p>1/5/25-CNA H indicated activity did not occur at 9:31 AM and CNA E indicated activity did not occur at 8:06 PM.</p> <p>1/6/25- CNA F indicated activity did not occur at 9:18 PM.</p> <p>1/7/25-NA 3 indicated activity did not occur at 10:18 AM and CNA F indicated activity did not occur at 9:56 PM.</p> <p>1/8/25- CNA B indicated activity did not occur at 7:30 PM.</p> <p>1/9/25- CNA B indicated activity did not occur at 2:19 PM.</p> <p>1/10/25- CNA F indicated activity did not occur at 9:26 PM.</p> <p>1/12/25-NA 2 indicated activity did not occur at 11:15 PM.</p> <p>1/13/25- CNA F indicated activity did not occur at 12:08 AM and CNA E indicated activity did not occur at 11:00 PM.</p> <p>Review of the facility's shower binder reflected no shower sheets for Resident #1.</p> <p>Observation on 1/14/25 at 12:50 PM revealed Resident #1 in her wheelchair in the facility salon. Her chin had a freckle sized spot of approximately 7-millimeter grey facial hair, and upon Resident #1's socks being removed her feet had a foul odor and large dry patches of flaky skin on the bottoms .</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/14/25 at 12:45 PM with the ADON she stated that if it was not documented, it did not happen and that she would call all her staff to figure out why Resident #1 did not have any showers documented.</p> <p>During an interview on 1/14/25 at 1:10 PM with the DON she stated that if a resident misses their shower due to being out of the facility the resident should get a shower upon their return and that showers are available 24/7, if a resident is combative and refuses a shower it is to be documented in the EMR .</p> <p>During a follow up interview on 1/14/25 at 1:20 PM with the ADON she stated that CNA H failed to document showers for Resident #1.</p> <p>Review of Resident #2's quarterly MDS, dated [DATE] reflected a [AGE] year-old female who was admitted to the facility on [DATE] with a re-entry date of 7/6/22 with diagnoses including Dementia (a group of symptoms affecting memory, thinking, and social abilities), schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behavior), muscle wasting and atrophy, abnormalities of gait and mobility, and fracture of her left femur. Resident #2 had a BIMS score of 03 indicating severe cognitive impairment. She required substantial/maximal assistance for showers/baths.</p> <p>Review of Resident #2's care plan created 12/10/24, reflected she had an ADL self-care performance deficit with an intervention of requiring assistance with ADL care for showers.</p> <p>Review of Resident #2's general orders created by the ADON on 10/31/23 in her EMR reflected that she was to receive showers on Tuesdays, Thursdays, and Saturdays once a day between the hours of 6:00 AM and 6:00 PM.</p> <p>Review of Resident #2's bathing tasks in her EMR, from 12/02/24 - 1/13/25, reflected that she did not receive a shower on the following dates:</p> <p>12/02/24-CNA B indicated activity did not occur at 6:39 PM.</p> <p>12/06/24-LVN 2 activity did not occur at 5:28 PM and NA 1 indicated activity did not occur at 11:57 PM.</p> <p>12/08/24-NA 1 indicated activity did not occur at 3:42 AM 11:08 PM.</p> <p>12/09/24- CNA J indicated activity did not occur at 1:35 PM and CNA F indicated activity did not occur at 11:25 PM.</p> <p>12/10/24-NA 2 indicated activity did not occur at 5:10 PM and CNA F indicated activity did not occur at 11:35 PM.</p> <p>12/13/24- NA 2 indicated activity did not occur at 12:32 PM and CNA C indicated activity did not occur at 9:36 PM.</p> <p>12/15/24- NA 2 indicated activity did not occur at 1:37 PM and NA 1 indicated activity did not occur at 10:34 PM.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 1/14/25 at 11:10 AM revealed Resident #2 slumped in her wheelchair in the facility dining area asleep. She appeared clean .</p> <p>During an interview on 1/14/25 at 1:10 PM with CNA A she stated that residents on one side of the rooms receive showers on Mondays, Wednesdays, and Fridays, and the residents on the other sides of the rooms receive showers on Tuesdays, Thursdays, and Saturdays. She stated she gave Resident #2 a shower on the morning of 1/14/25. She stated that she is to document when and how she gives showers to residents in the residents' EMR .</p> <p>Review of facility's Shower/Tub Bath policy dated revised October 2010 reflected, The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. The following information should be recorded on the resident's ADL record and/or in the resident's medical record: The date and time the shower/tub bath was performed. The name and title of the individual(s) who assisted the resident with the shower/tub bath. All assessment data (any reddened areas, sores, etc. on the resident's skin) obtained during the shower/tub bath. If the resident refused the shower/tub bath, the reason's why and the intervention taken. Notify the supervisor if the resident refuses the shower/tub bath. Notify the physician of any skin areas that may need to be treated.</p> <p>Review of the facility's Charting and Documentation policy dated last revised July 2017 reflected, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p> <ol style="list-style-type: none"> <li>1. Documentation in the medical record may be electronic, manual or a combination.</li> <li>2. The following information is to be documented in the resident medical record:             <ol style="list-style-type: none"> <li>a. objective observations</li> <li>c. treatments or services performed.</li> </ol> </li> <li>7. Documentation of procedures and treatments will include care-specific details, including:             <ol style="list-style-type: none"> <li>e. whether the resident refused the procedure/treatment.</li> </ol> </li> </ol>		