

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2024
NAME OF PROVIDER OR SUPPLIER Hollymead		STREET ADDRESS, CITY, STATE, ZIP CODE 4101 Long Prairie Road Flower Mound, TX 75028	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42214</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for one (Resident #1) of five residents reviewed for ADLs.</p> <p>The facility failed to ensure Resident #1 had his fingernails cleaned and trimmed.</p> <p>This failure could place residents who were dependent on staff for ADL care at risk for infections, and a decreased quality of life.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet, printed on 02/27/24, reflected a 89-year-old male who admitted to the facility on [DATE], with diagnoses of cognitive communication deficit, heart failure, generalized muscle weakness, vascular dementia (decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain), age-related physical debility, hypokalemia (low potassium); dementia(the loss of cognitive functioning), lack of coordination; spondylosis (abnormal wear on the cartilage and bones of the neck).</p> <p>Record review of Resident #1's annual MDS assessment, dated 02/21/24, reflected Resident #1 had a BIMS score of 10, which indicated he had moderate cognitive impairment. Section GG - Functional Abilities and Goals, question GG0130. Self-Care indicated Resident #1 required maximal assistance with ADL's of personal hygiene, dressing, bathing and toileting hygiene.</p> <p>Record review of Resident #1's care plan effective, 09/09/19 to present, reflected Self-care deficit - Extensive assistance required with bathing, hygiene, dressing, and grooming R/T</p> <p>Alzheimer's . Intervention . Assist [Resident #1] with ADL's as needed . Clean and manicure fingernails as needed .</p> <p>In an observation and interview on 02/23/24 at 4:36 p.m., Resident #1 was observed lying in bed. Resident #1's fingernails on both hands were roughly a quarter of an inch or longer, with dried brown and yellow matter under each nail. Resident #1 stated he could not recall when his nails were last trimmed but he needed it done because he had scratched his scalp because they were so long.</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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(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 - Few</p>	<p>In an interview on 02/26/24 at 11:25 a.m., RN A stated she was Resident #1's day shift nurse, for roughly one month. RN A stated Resident #1 was dependent on staff for all ADLs, except to feed himself. RN A stated Resident #1's aides were able to cut his fingernails, as he was not diabetic. RN A stated she had visited with Resident #1 prior to her interview with the surveyor and did not notice the length of his nails. RN A stated not properly grooming residents' nails could be an infection control issue and could also allow the resident to scratch themselves or others. RN A stated she would ensure Resident #1's nails were trimmed and monitor all residents assigned to her to ensure all nail care was provided regularly.</p> <p>In an interview on 02/26/24 at 11:48 a.m. CNA B stated she was Resident #1's aide on the day shift for roughly three months, but she had been employed at the facility for about a year. CNA B stated Resident #1 was total care, but he was able to feed himself. CNA B stated she was aware of the length of Resident #1's nails. CNA B stated she had not cut Resident #1's nails or notify his nurse because he had not requested to have them cut. CNA B stated she was unable to cut Resident #1's nails because he was a diabetic and the nurse was responsible for his nail trims.</p> <p>In an interview on 02/26/24 at 4:08 p.m., the DON stated it was her expectation that residents' nails were clean, dry and trimmed to ensure the safety of the resident by nursing staff assigned to the residents. The DON stated she was not aware of the length of Resident #1's nails. The DON stated Resident #1's nails had bled after a trimming before, so his nurse was responsible for the length of his nails. The DON stated residents with untrimmed nails could lead to residents scratching themselves. The DON stated she would check the length of Resident #1's nails to ensure they were trimmed. The DON stated an in-service over ADLs and nail care responsibilities would be started, and she would have nurse managers conduct ADL audits to ensure nail care was provided as needed.</p> <p>In an interview on 02/26/24 at 5:14 p.m., the ED stated it was the expectation that residents' nails should be cleaned and trimmed regularly and as needed. The ED stated it was the responsibility of the residents' aides and their nurses to ensure residents nails were trimmed. The ED stated the facility staff would be in serviced on ADL completion and nurse managers would begin nail care audits.</p> <p>Record review of the facility's policy entitled Activities of Daily Living (ADL), Supporting, revised March 2018, read in part:</p> <p>Policy Statement: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation: . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care) .</p>		