

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Falcon Ridge Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 149 Klattenhoff Lane Hutto, TX 78634	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received necessary services to maintain good nutrition, grooming, personal and oral hygiene for two (Resident #7 and Resident #8) of three residents reviewed for ADLs.</p> <p>The facility failed to provide showers to Residents #7 and #8 in compliance with their shower schedules.</p> <p>This deficient practice could place residents at risk of a decline in hygiene, at risk of skin breakdown, level of satisfaction with life, and feelings of self-worth.</p> <p>Findings include:</p> <p>1. Record review of Resident #7's, undated, face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included unspecified dementia (impairment of brain functions), pain in shoulders, fractured sixth cervical vertebra, hyperkalemia (high potassium) and lack of coordination.</p> <p>Record review of Resident #7's admission MDS assessment, dated 09/30/24, reflected a BIMS score of 15, which indicated he was cognitively intact. Section GG (Functional Abilities and Goals) reflected he required substantial/maximal assistance with showering.</p> <p>Record review of Resident #7's care plan, dated 10/08/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one person assistance with bathing.</p> <p>Record review of Resident #7's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating twenty-two showers were scheduled for 9/20/24-11/11/24.</p> <p>Record review of Resident #7's showering tasks in his EMR , from 09/20/24 -11/11/24, reflected he received six showers on the dates 10/03/24,10/05/24, 10/08/24, 10/16/24,11/02/24 and 11/05/24.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation and interview on 11/10/24 at 9:19 AM revealed Resident #7 laying in his bed. Resident #7 was noted to appear disheveled with stains on his shirt, unbrushed hair, and dirty fingernails. Resident #7 stated he did not get his showers. He stated he could not remember when the last shower he received happened because it had been a while. Resident #7 stated it did not feel good to be dirty, but he stopped asking for showers because they always said they will come back later, and it never happened.</p> <p>2. Record review of Resident #8's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident # 8 had diagnoses which included unspecified dementia (impairment of brain functions), chronic pain, lack of coordination and need for personal assistance with personal care.</p> <p>Record review of Resident #8's quarterly MDS assessment, dated 10/04/24, reflected a BIMS score of 15, which indicated she was cognitively intact. Section GG (Functional Abilities and Goals) reflected she required substantial/maximal assistance with showering.</p> <p>Record review of Resident #8's care plan, dated 10/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one person assistance with bathing.</p> <p>Record review of Resident #8's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating twenty showers were scheduled for 8/15/24-09/30/24.</p> <p>Record review of Resident #8's showering tasks in her EMR, from 08/15/24 -9/30/24, reflected she received ten showers on the dates 08/19/24,08/23/24, 08/26/24(documented twice on same day by two different staff), 08/30/24,09/02/24,09/04/24,09/18/24, 09/23/24, 09/25 and 09/27/24.</p> <p>.</p> <p>An observation and interview on 11/10/24 at 9:55 AM revealed Resident #8 in her room in bed . She stated it seems to her like she got a shower about twice a week. Resident #8 stated it would be nice to have had three showers a week; she felt better after having a shower. She stated she thought she was supposed to get three a week, but they were so busy it did not seem like they had time.</p> <p>During an interview on 11/10/24 at 1:50 pm, CNA A stated she gave showers on the days she worked. She stated she was a shower aide, and she got her assigned showers done. She stated she did not know about the CNA's assigned to the halls, whether they got all theirs done, but they also gave some of the showers.</p> <p>During an interview on 11/10/24 at 2:22 pm, CNA B stated there usually was time to get the showers she was assigned done. She stated if something happened and she could not get one done, she let the nurse know and told the next shift.</p> <p>During an interview on 11/10/24 at 2:50 PM, LVN C stated she did not check whether showers were given or not. She stated the CNAs were supposed to bring their shower sheets and she would look at those .</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 11/10/24 at 3:23 PM, LVN D stated she did not know when each shower was given, but the shower aides were good about letting the nurses know if a shower was not given.</p> <p>During an interview on 11/14/24 at 3:12 PM, the Administrator stated they had recognized there was a problem with the shower system when they began auditing them on 11/10/24 after the request for shower records. He stated it appeared some staff were using the POC system in the EHR and others were documenting on paper shower sheets. They combined the showers on the documents provided. They will be implementing a new system to track showers and oversight will be provided. He stated residents were to be receiving showers on their scheduled shower days as intended.</p> <p>Record review of the facility's Nursing Policy and Procedures, undated, reflected the following:</p> <p>Subject: Activities of Daily Living, Optimal Function</p> <p>Definition: Activity of Daily Living (ADL) refer to tasks related to personal care including, grooming, dressing, oral hygiene, transfer, bed mobility, eating, bathing and communication system.</p> <p>Policy: The Facility provides care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene.</p> <p>Record review of the facility's Admission Policy, section titled Agreement For Care, undated reflected the following:</p> <p>6. Provide assistance in daily living and restorative nursing care in accordance with Resident's care plan, where appropriate. Resident reserves the right to refuse said treatment. If said treatment is refused, Resident and/or Representative will hold Facility harmless from any injury as a result thereof.</p>		