

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Skilled Care of Mexia		STREET ADDRESS, CITY, STATE, ZIP CODE  501 E Sumpter St Mexia, TX 76667	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957</b></p> <p>Based on observation, interview, and record review, the facility failed to promote and maintain the residents' right to be treated with respect and dignity for 1 of 8 residents (Residents #20) reviewed for resident rights, in that:</p> <p>On 05/29/24 CNA A failed to knocked or requested permission before entering Resident #20's room.</p> <p>This deficient practice could place residents at risk of psychosocial harm due to diminished self-image and could place residents needing assistance at risk for diminished quality of life, loss of dignity, and self-worth.</p> <p>Findings include:</p> <p>A record review of Resident #20's face sheet reflected a [AGE] year-old female who was readmitted to the facility on [DATE]. Resident #20's diagnoses included type 2 diabetes mellitus with ketoacidosis without coma (a severe lack of insulin in the body), muscle wasting and atrophy (decrease in muscle tissue), chronic pain syndrome (a pain that persist over time and typically results from long standing medical conditions or damage to the body), essential primary hypertension (abnormally high blood pressure that's not the result of a medical condition), muscle weakness (lack of muscle strength), and chronic obstructive pulmonary disease (lung disease causing restricted airflow and breathing problems).</p> <p>A record review of Resident #20's Quarterly MDS assessment, dated 05/23/2024, reflected Resident #20 had a BIMS score of 12, which indicated moderately impaired cognition.</p> <p>In an interview and observation of Resident #20 on 05/29/24 at 12:40pm, Resident #20 stated that CNAs often walk in her room without knocking or requesting permission. Resident #20 stated she did not like that because she could be getting undressed, and staff could just walk in without has asking. CNA A was observed walking into Resident #20's room on 05/29/24 at 12:15pm and at 12:25pm.</p> <p>In an interview with CNA A on 05/29/24 at 1:00 pm, CNA A stated that she was not aware that she walked into Resident #20s room without knocking or requesting permission. CNA A stated that staff were to knock before entering a resident's room. CNA A stated if staff don't knock before entering the resident could be scared.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the DON on 05/30/24 at 12:30pm, the DON stated staff were to knock before entering a resident's room. The DON stated all staff should knock and request permission before entering a resident's room. The DON stated if staff didn't knock before entering a resident room, then that would be a privacy issues and a resident would be startled if staff didn't knock and request permission.</p> <p>In an interview with the ADM on 05/30/24 at 12:45pm, the ADM that all staff should knock and request permission to enter a resident's room. The ADM stated that she was not aware that staff were not knocking and requesting permission before entering a resident's room. The ADM stated that if staff walked in without knocking, they were violating the resident's privacy. The ADM stated if staff didn't knock before entering then the resident would be startled.</p> <p>A record review of the facility's Resident Right policy, dated 11/8/2016, reflected The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy.</p> <p>A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45957</p> <p>Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date when applicable for 1 of 1 medication storage rooms reviewed for pharmacy services.</p> <p>The facility failed to ensure one medication PPD (total of 1 vial) were not dated with opened date in the medication storage room refrigerator.</p> <p>This failure could place residents who receive medications at risk of not receiving the intended therapeutic benefit of the medications.</p> <p>Findings included:</p> <p>Observation on 5/29/2024 at 1:00 PM in the medication storage refrigerator revealed the medication room revealed 1 Vial Tuberculin purified protein derivative (PPD) was open and not labeled with an open date.</p> <p>In an interview on 5/29/2024 at 1:15 PM, LVN A stated that she had worked here for a couple of years. She stated that all open vials had a date opened either on the vial or on the box the vial is in. She stated that this medication is used to apply the TB Skin test to staff and residents. She stated that she would not use an undated vial as she would not be sure the medication was still effective and can affect the results of the test.</p> <p>In an interview on 5/29/2024 at 1:30 PM, the DON stated her expectation were that all open medication vials that were opened, be dated and timed per the current policy. She stated to her knowledge the Tuberculin Purified Protein derivative (PPD) was only used on staff. She stated residents do receive a TB skin (a test to evaluate for Tuberculosis a potentially serious infectious bacterial disease that mainly affects the lungs) test on admission. She stated there is potential harm as the medication maybe less effective and expose the receiver of the test to possible contaminates and false test results.</p> <p>In an interview on 05/30/2024 at 10:38 AM, the ADM stated her expectations were that all policies be followed with all medications. She stated that she was unaware of any risk, but she would think that an undated vial of the TB test medication may affect the results which could put the residents at risk if there was a false positive.</p> <p>Record Review of policy Recommended Medication Storage revised 7/2012 revealed Medications that require an open date as directed by the manufacturer these medications include PPD Multi-use vials expire 30 days after initial use.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45957</p> <p>Based on observations, interviews, and record review, the facility failed to prepare food in a form to meet individual needs for 1 of 8 (Resident #20) residents observed for dietary needs.</p> <p>The facility failed to ensure Resident #20 received food that was in a form to meet Resident 20's needs.</p> <p>This failure could contribute to causing a resident to choke and poor food intake.</p> <p>Findings include:</p> <p>A record review of Resident #20's face sheet reflected a [AGE] year-old female who was readmitted to the facility on [DATE]. Resident #20's diagnoses included type 2 diabetes mellitus with ketoacidosis without coma (a severe lack of insulin in the body), muscle wasting and atrophy (decrease in muscle tissue), chronic pain syndrome (a pain that persist over time and typically results from long standing medical conditions or damage to the body), essential primary hypertension (abnormally high blood pressure that's not the result of a medical condition), muscle weakness (lack of muscle strength), and chronic obstructive pulmonary disease (lung disease causing restricted airflow and breathing problems).</p> <p>A record review of Resident #20's Quarterly MDS assessment, dated 05/23/2024, reflected Resident #20 had a BIMS score of 12, which indicated moderately impaired cognition.</p> <p>A record review of Resident #20's Care plan, dated 04/29/24, did not reflect Resident #20's difficulty eating due to missing teeth.</p> <p>A record review of Resident #20's Dental Treatment Note, dated 02/09/2024, reflected Resident #20 had 13 missing teeth.</p> <p>An interview and observation of Resident #20 on 05/29/24 at 12:15pm, reflected Resident #20 had several missing teeth. Resident #20 was observed during lunch time Resident #20 appeared to have a hard time eating the turkey that was served for lunch. Resident #20 stated she was having a hard time eating the turkey due to her missing teeth. Resident #20 asked CNA A to cut her turkey into smaller pieces so it was less difficult to chew. Resident #20 stated that she informed the DON and the former administrator of her difficulty chewing due to her missing teeth. Resident #20 stated that she had difficulty chewing meat patties, chicken, and turkey.</p> <p>In an interview with CNA A on 05/29/24 at 12:25 pm, CNA A stated Resident #20 often ask her to cut her food up because it was difficult for her to eat it with her missing teeth. CNA A stated staff was aware that Resident #20 had missing teeth and that she had a difficult time eating certain foods.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the DON on 05/30/24 at 12:30pm, the DON stated that if a resident was missing teeth that should be care planned. The DON stated that she was not aware that Resident #20 had made concerns about having difficulties eating due to her missing teeth. The DON stated that if a resident was not care planned for difficulties eating due to missing teeth, then the resident wouldn't receive the proper care and the resident may not eat certain meal due to the resident difficulties eating because of missing teeth.</p> <p>In an interview with the ADM on 05/30/24 at 12:45pm, the ADM stated that a resident would not be care planned for missing teeth unless there was diet texture change. The ADM was not aware of Resident #20's difficulties eating due to her missing teeth.</p> <p>A record review of the facility's Comprehensive Care Planning policy, not dated, reflected the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs are identified in the comprehensive assessment.</p> <p>The comprehensive care plan will describe the following -</p> <p>The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being</p> <p>Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs .</p>		