

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Killeen Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 Thayer Dr Killeen, TX 76549	

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** 38073</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 the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 11 residents (Resident #1) reviewed for activities of daily living.</p> <p>The facility failed to ensure Resident #1 received her showers as scheduled, received nail care, and received assistance with oral hygiene.</p> <p>The failure placed residents at risk of embarrassment, injury, skin breakdown, and infection.</p> <p>Findings included:</p> <p>Review of the undated face sheet for Resident #1 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included cerebral infarction (stroke that resulted in a necrotic area of the brain), depression, stiffness of joints, muscle wasting and atrophy, and spastic hemiplegia (muscles on one side of the body in a constant state of contraction).</p> <p>Review of the admission MDS assessment for Resident #1 dated 03/22/24 reflected a BIMS score of 15, indicating intact cognition. It reflected she required the extensive assistance of one person for personal hygiene activities and was totally dependent during bathing activities.</p> <p>Review of the care plan for Resident #1 dated 04/14/24 reflected the following: Self-care deficit: requires extensive assistance with bed mobility, toileting, hygiene, resident is dependent on staff for transfers with assist of 2 staff. resident needs setup and supervision with eating. Resident will remain clean and well-groomed throughout the look back period. Provide/ assist with bath or shower as per schedule and as needed; oral care bid and prn.</p> <p>Review of physician orders for Resident #1 dated 03/24/24 reflected her showers were scheduled Tuesday, Thursday, and Saturday between 06:00 AM to 06:00 PM.</p> <p>Review of the POC logs for Resident #1 reflected documentation of showers on the following dates:</p> <p>04/23/24</p> <p>04/24/24</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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>04/25/24</p> <p>04/26/24</p> <p>04/27/24</p> <p>04/28/24</p> <p>04/30/24</p> <p>05/01/24</p> <p>05/04/24</p> <p>05/09/24</p> <p>05/14/24</p> <p>05/18/24</p> <p>Review of shower sheets for all residents on Resident #1's hall from March 2024 to May 2024 reflected one shower sheet for Resident #1 on which the aide documented a refusal.</p> <p>Review of the automated electronic monitoring for Resident #1's room dated 05/19/24 at 04:09 AM revealed she was wearing a green and cream striped shirt.</p> <p>During observation and interview on 05/21/24 at 02:15 PM, Resident #1 was lying awake on a scoop mattress in her bed with a visitor present. She was wearing the same green and cream striped shirt she had been wearing in the video footage from 58 hours prior. She stated she had not received all of her showers since she had admitted to the facility in March 2024. She stated she was scheduled to receive showers Tuesdays, Thursdays, and Saturdays. She stated the CNAs had told her they never guaranteed the bath would happen. She stated usually she had to wait until the afternoon shift for her shower, but it was frequent that the shower or bath did not happen at all. Resident #1 stated she had only received five showers and one bed bath with only wipes in the 60 days she had been in the facility. Resident #1 stated she did receive a shower the previous Saturday 05/18/24, and it was wonderful. She stated she had been changed into the shirt she was currently wearing that day after her shower and had been wearing it since. She clarified she had been in the same shirt for three days. Resident #1 stated she loved showers and wanted to have showers as often as she could. Resident #1 stated she had not been changed into fresh clothing since that shower on Saturday. Resident #1 was wearing dentures and showed her dentures, which were very dirty with yellow/peach buildup. Her visitor pulled the dentures out of her mouth and placed them in a denture container with a cleanser to soak. Resident #1 stated the staff at the facility did not clean her dentures or help her clean her own dentures. Resident #1's fingernails were long, jagged, and the first three fingers on each hand had a black substance underneath the nail. Resident #1 stated she did not like to have her fingernails dirty and long, but she could not clean them or trim them herself. She stated she scratches herself often, but she thought the substance under her fingernails was from a cookie she ate. She stated the staff did not help her clean or trim her fingernails.</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 - Few</p>	<p>Observation on 05/21/24 at 02:39 PM revealed CNA A entered Resident #1's room and notified Resident #1 she would be giving her a shower in the next couple of hours.</p> <p>During an interview on 05/21/24 at 02:39 PM, CNA A stated she had been called in on her day off to work the shift, and she did not usually work with Resident #1, but she always provided Resident #1 with a shower on her shower day. She stated Resident #1 never refused her shower when CNA A offered it.</p> <p>Observation and interview on 05/21/24 at 04:42 PM revealed Resident #1 was in fresh clothing and stated she had been showered, but her fingernails were still very dirty, long, and jagged. She stated the CNA who provided her with a shower did not clean her nails and did not offer to clean them. She stated her dentures were still soaking in the denture cleaner and had not been scrubbed or put back in her mouth.</p> <p>During an interview on 05/21/24 at 05:28 PM, the DON stated she had only been employed at the facility for a week and a half. The DON stated her expectation for showers was that they be given according to schedule, and if residents refused, the facility needed to find out why; was it due to time of day, a certain aide, did they need pain medication ahead of time, or something else? She stated the prompting for showers should have been an encouragement and not a brief yes or no question. The DON stated if a resident refused showers, a nurse should have gone in to find out why, and they should have attempted the shower with another aide in case there was an issue with the resident feeling uncomfortable with a certain person. She stated if the resident consistently refused showers, it should have been discussed at morning meeting with management and placed into the care plan. The DON stated there were so many simple reasons why people did not want to take a shower, and their preferences needed to be accommodated. She stated her expectations for nail care was it needed to be completed during the shower. She stated oral hygiene should have been completed twice a day by the aides assigned to the residents. The DON reviewed the POC documentation for Resident #1 and stated it was very unlikely the resident was given a shower or bathed every single day from 04/23/24 to 04/28/24, and the fact it had been documented as such told her the aides were not aware how to properly use the POC system. She stated she could see that after that week of daily documentation that showers happened, the POC only showed five showers for May 2024 when there should have been nine showers. The DON stated she was not sure what process was in place and had not had time at the facility yet to develop her own procedure to monitor for compliance with ADLs, but she did know they needed to receive assistance with ADLs according to their care plans. The DON stated potential negative outcomes for residents of failing to provide ADL care as needed were bedsores, infections, UTIs, and wounds from scratching with jagged nails.</p> <p>During an interview on 05/21/24 at 06:19 pm, the ADM stated their process for ensuring showers and other ADL care were completed was to review showers sheets and get reports from floor staff. She stated the shower sheets were the primary means of documentation that a shower had been given or attempted. The ADM stated there had been extensive in-servicing on showers and other ADL care, and it should have been performed according to resident care plans. The ADM stated possible negative effects of not receiving showers or personal hygiene assistance were poor hygiene, skin breakdown, and infection if there was an open sore. She stated it was also basic resident rights to be provided with ADL care. The ADM stated the facility had policy on the procedure for showers and another policy related to accommodation of needs, but she could not find policy specifically on provision of ADL care.</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 - Few</p>	<p>Review of in-services from March 2024 to May 2024 reflected an in-service titled Nail Care (ADLs) on 02/23/24 and Resident Nail and Personal Hygiene on 04/02/24.</p> <p>Review of facility policy dated October 2010 and titled Shower/Tub Bath reflected the following: The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident skin.</p> <p>Documentation</p> <p>The following information should be recorded on the resident's ADL record and/or in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the shower/tub bath was performed. 2. The name and title of the individual(s) who assisted the resident with the shower/tub bath. 3. All assessment data (e.g., any areas, sores, etc. on the resident's skin) obtained during the shower/tub bath. 4. How the resident tolerated the shower/tub bath. 5. If the resident refused the shower/tub bath, the reasons why and the intervention taken. 6. The signature and title of the person recording the data. <p>Reporting</p> <ol style="list-style-type: none"> 1. Notify the supervisor if the resident refuses the shower/tub bath. 2. Notify the physician of any skin areas that may need to be treated. 3. Report other information in accordance with facility policy and professional standards of practice. <p>Review of facility policy dated August 2009 and titled Quality of Life- Accommodation of Needs reflected the following: Our facility's environment and staff behaviors are directed toward assisting the resident and maintaining and/or achieving independent functioning, dignity, and well-being.</p> <p>The resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered.</p>		