

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  06/20/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47795</b></p> <p>Based on interviews, and record review, the facility failed to have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable, physical, mental, and psychosocial well-being for 1 of 4 (CNA A) certified nurse assistant reviewed for competent nursing care.</p> <p>The facility failed to ensure CNA A followed the facility policy while providing incontinent care to Resident #1 when she did not perform proper perineal care (the process of washing the genital and anal areas of the body) during a disposable underwear change.</p> <p>The non-compliance was identified as Past Noncompliance. The past noncompliance began on 5/31/2024 and ended on 6/02/2024. The facility had corrected the non-compliance before the survey began through training, reviews of clinical information, revision of processes, and the QAPI process.</p> <p>The deficient practice placed residents who depend on nursing care at risk for infection, and physical, mental, and psychosocial injury.</p> <p>The finding include:</p> <p>Record Review of Resident # 1's face sheet reflected a [AGE] year-old female, admitted to the facility on , d+[DATE]/ 2024 with diagnoses that include CVA (cerebrovascular accident occurs when blood flow to the brain is disrupted), and Incontinence of bladder (the involuntary leakage of urine from the bladder)</p> <p>Record Review of Resident #1's Admission MDS dated 3/ 25/ 2024 reflected a BIMS score of 15 which indicates cognitive intact. Resident requires one person assist for ADL's . Resident is incontinent of bowel and bladder.</p> <p>Record review of Resident #1's care plan revised 3/25/2024 reflect resident is incontinent of bowel and bladder.</p> <p>Attempted interview on 6/20/2024 at 12:30 revealed Resident # 1 did not wish to be interviewed.</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
---	-------	-----------

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  06/20/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview by phone on 6/20/2024 at 12:45 PM with Resident # 1's RR, revealed that on 5/31/2024 and 6/1/2024 per review of camera in the room revealed CNA A had changed the resident's brief without performing peri-care per facility policy. The RR stated it was reported to the ADM and the DON and to the RR's knowledge it had been addressed .</p> <p>Interview with the DON on 6/20/2024 at 1:00 PM revealed that she was made aware of the concern by Resident # 1's RR on 5/31/2024, and an investigation was started. CNA A was interviewed and admitted that she only wiped a resident when changing their brief if they were soiled with fecal matter. Resident # 1 was assessed by the ADON and found to have no injuries and interview by the SW with no distress noted. During the investigation, the staff member was counseled about not following procedure and removed from resident care and re-educated on proper peri-care. After the investigation was completed the staff member was checked off by four different nurses on three different days to demonstrate competency. CNA A was assigned to a hall different to the one that Resident # 1's resides.</p> <p>Interview with the ADON on 6/20/2024 at 1:00 PM revealed that she assessed Resident # 1 after the reported incident, there were no injuries noted. CNA A was checked off on peri-care prior to returning to the floor.</p> <p>Attempted an interview with CNA A via phone on 6/20/2024 at 1:30 PM. A voice message was left with no return call.</p> <p>Interview with the SW 6/20/2024 at 1:45 PM revealed that she did an assessment of Resident # 1 on 6/1/2024 and noted no concerns from the resident. She had continued to check on the resident daily with no issues found.</p> <p>Interview with the ADM on 6/20/2024 at 2:00 PM revealed Resident # 1's RR brought to her attention on 6/1/2024 and incident with lack of peri-care. She stated she and the DON immediately pulled CNA A off the schedule and educated all staff. CNA A was counseled for not following the policy, and re-educated on peri-care with three separate skills check off for competency prior to returning to the floor.</p> <p>Review of CNA A's personnel file reflected a counseling on 6/1/2024 for not following policy for peri-care. Review also reflected skill check offs for peri-care that showed competence on 6/1/2024 x 2, 6/4/2024 and 6/6/2024.</p> <p>Review of an in-service Peri-care dated 5/31/2024 reflected staff across all shifts were educated.</p> <p>Review of policy Perineal Care revised October 2010 revealed nine. For a female resident: b. wash perineal area, wiping from the front to back.</p> <p>The facility course of action prior to surveyor entrance included:</p> <ol style="list-style-type: none"> <li>1. Resident # 1 was assessed by the ADON and SW for any injuries.</li> <li>2. CNA A was removed from the floor, counseled on not following policy and had four skilled tests on 3 different days to show competency. Assignment changed so CNA A was no longer taking care of Resident # 1.</li> </ol> <p>(continued on next page)</p>		

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  06/20/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. All staff were educated on proper Peri-care per facility policy, audit revealed all staff members were educated.</p>