

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 09/02/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to follow their own established smoking policy for 2 (Residents #63 and #65) of 2 residents reviewed for smoking. The facility failed on 9/2/2025 to ensure that Residents #63 and #65 did not smoke without supervision and did not keep their personal cigarettes and lighters in their rooms, as per facility policy. This failure could place residents at risk of an unsafe smoking environment and injury. Findings include: Observation on 9/02/2025 at 11:19 AM revealed Resident #63 was observed in the designated smoking area for the facility, with a cigarette in her hand, smoking. There was no staff supervision in the smoking area at the time Resident #63 was smoking. There were no unsafe behaviors, and she did not have injuries from smoking. There is no evidence that she has been injured while smoking unsupervised. The resident did not say that they had been burned or injured while smoking cigarettes unsupervised. In an interview on 9/02/2025 at 11:25 AM, Resident #63, who was outside in the smoking area of the facility, said that she kept her cigarette lighter and cigarettes in her purse in her room. Resident #63 said that she was an adult and could smoke whenever she wanted. Resident #63 stated that sometimes staff came out and supervised smoking, and sometimes they did not. The resident said she was not the only one who came outside and smoked cigarettes without supervision. A review of Resident #63's medical diagnosis in PCC on 9-2-2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE], with the following diagnoses: acute respiratory failure (lungs can no longer effectively transfer oxygen to the blood or remove carbon dioxide from it.), unspecified, muscle wasting and atrophy (wasting, or thinning, of muscle tissue), muscle weakness, and lack of coordination. A review of Resident #63's MDS dated [DATE] reflected that Resident #63 had a BIMS score of 15, indicating she was cognitively intact. Review of Resident #63's care plan dated 6/18/2025 reflected that Resident #63 needed staff supervision/adaptations when using tobacco products. A review of Resident #65's medical diagnosis in PCC, reflected a [AGE] year-old female who was admitted to the facility on [DATE], with the following diagnoses: essential hypertension (high blood pressure), weakness (lack of physical or muscle strength), anxiety disorder (intense, excessive, and persistent feelings of fear and worry), lack of coordination (muscle control problem), and muscle weakness (muscles are not as strong as they should be). A review of Resident #65's MDS dated [DATE] reflected that Resident #65 had a BIMS score of 15, indicating she was cognitively intact. Review of Resident #65's care plan dated 6/18/2025 reflected that Resident #65 required staff supervision/adaptations when using tobacco products. In an interview on 9/02/2025, Resident #65 was in her room, and she said there were smoking times at the facility. Resident #65 stated that she kept her cigarettes and lighter with her in her room. Resident #65 said she smoked cigarettes when she wanted. Resident #65 said that the staff were not always outside when residents smoked. There was no observation of her smoking without supervision. In an interview on 9/2/2025 at 2:37 PM, the HRD stated that residents were not to go outside and smoke alone. The HRD stated that staff should always be with residents when they were smoking. The HRD stated that residents were not supposed to have cigarettes and lighters in their rooms. The HRD stated that residents' cigarettes and lighters were kept at the nurses' station that was closest to them. The HRD stated that if it was not the designated smoking time, residents could smoke cigarettes if a staff member went outside with them. The HRD stated that residents could get burned, hurt each other, or have a medical issue if there was no supervision while they were smoking outside. HRD was not aware if she had ever burned themselves, started a fire, or smoked around oxygen. In an interview on 9/2/2025 at 2:45 PM, the CN stated that the smoking times at the facility were 9:00 AM, 11:00 AM, 3:00 PM, 7:00 PM, and 9:00 PM. The CN stated that residents were allowed to go outside during designated smoking times. The CN stated that residents should not smoke unsupervised. The CN stated that cigarettes and lighters were to be kept in the Med room, and not in the residents' rooms. The CN Stated that if a resident was smoking unsupervised, it could be a fire hazard and a safety hazard. The CN stated that residents could get burned from the cigarettes or cause a fire. CN was not aware if she had ever burned themselves, started a fire, or smoked around oxygen. In an interview on 9/2/2025 at 2:59 PM with ADM, she stated that residents are supposed to be supervised when smoking. ADM stated that their previous smoking policy was that residents could smoke without any supervision if they were capable. ADM stated that now residents are required to have staff present when they are smoking, and they are only to smoke during smoking times. ADM said that she did not know that residents were smoking unsupervised. ADM said that she is not aware</p>		