

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 12/29/2025
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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 0656</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 interviews, observations, and record reviews, the facility failed to 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 that meet professional standards of quality care for 1 (Resident #2) of 4 residents reviewed for baseline care plans. The facility failed to update Resident #2 care plan on 12/28/2025 after they received orders from the nurse practitioner in regard to his rash. This failure could place residents at risk of getting insufficient care and having personal needs not met and could result in diminished physical and psychosocial well-being. Findings included: Review of Resident #2's face sheet dated 12/29/2025 reflected that he was a [AGE] year-old male admitted [DATE] with diagnoses of chronic obstructive pulmonary disease with (acute) exacerbation (a sudden, significant worsening of a person's COPD symptoms, like increased breathlessness, coughing, and mucus production (more volume, thicker, or changed color), usually triggered by infections or pollutants, requiring extra treatment and potentially leading to hospitalization, impacting lung function, and reducing quality of life), other secondary hypertension (high blood pressure that's caused by another medical condition), unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a specific diagnostic code (like ICD-10 code F03.90) used when someone shows symptoms of dementia (memory loss, thinking problems, impaired daily function) but a precise type (like Alzheimer's or Vascular) isn't identified, the severity isn't clear, and significant behavioral issues like agitation, depression, or anxiety aren't present), type 2 diabetes mellitus with unspecified complication (a chronic condition with high blood sugar due to insulin resistance, and is experiencing secondary health problems (complications) that haven't been precisely identified or coded yet, but are known to stem from the diabetes), difficulty in walking not yet specified (abnormalities of gait or mobility where the exact underlying cause has not yet been identified or classified). Review of Resident #2's 05/15/25 admission MDS reflected his BIMS score was 15, which indicated Resident #2 was cognitively intact. Record review of Resident #2's orders revealed orders for: Doxycycline Hyclate Oral Tablet 100 MG (Doxycycline Hyclate) Give 100 mg by mouth twice a day for 7 days. Ketoconazole External Cream 2% (Ketoconazole Topical) Apply to left ABD twice a day for 7 days. Fluconazole Oral Tablet 100 MG (Fluconazole) Give 100 mg by mouth twice a day for 14 days. Review of Resident #2's assessments reflected a Care Plan updated on 12/29/25, revealed rash to torso and under the breast, antibiotic therapy Doxycycline 100 mg daily PO Ketoconazole cream topical, and Fluconazole 100 mg daily was not included. Once questions were asked, the Care Plan then reflected focus, goal, and intervention/tasks in regards of the rash. Focus: Risk for Self-Care Deficit: Bathing, Dressing, Feeding. Goal: Resident will be able to perform Self-care needs. Intervention/Task: Encourage resident to participate in planning day-to-day care, evaluate functional abilities, and aid with ADLs as needed. Record review of Resident #2's Progress Notes dated 12/28/2025 at 7:43 PM revealed, LVN A notified FNP about Resident #2 rash on 12/28/2025. Resident #2 was seen by FNP 12/28/2025 on telehealth virtual visit for a rash that was on the left side of the front of his torso area and under both breast areas. Resident stated it itches during the day and night as well. The nurse ordered to continue topical Nystatin (is an antifungal, antibiotic treatment for fungal infections of the skin) and Ketoconazole (used to treat various fungal skin conditions) cream BID along with oral doxycycline for 7 days and fluconazole PO for 14 days. Resident #1 was educated on hygiene of hands and refused an PO PRN for s/s of pain and reaction. During an interview and observation with Resident #2 on 12/28/2025 at 10:20 AM, revealed he does not have any sores from lying in bed, but he has a sore under his left breast that he had for a couple of days. Resident #2 stated the redness under his breast along with creamy white gooey substance. He stated they had put some cream on it. Resident #2 stated he cannot make it to the bathroom sometimes and he wet his bed and that was why he has the rash under his breast. During the interview and observation, there was no odor from Resident #2, but he appeared to be unkept lying in bed halfway. During an interview with CNA B on 12/28/2025 at 11:40 AM, revealed Resident #2 has a rash and cannot diagnosis it. She stated he had complained he needed it washed, and he was showered. He also revealed the rash hurt, and she reported it to the nurse. CNA B stated he was given a shower and placed the medicated powder the charge nurse gave her. During an interview with LVN A on 12/29/2025 at 11:58 AM, it was revealed that Resident #2 has an order for cream, and it has gotten better. He advised her he had it for a few days. She took a picture of the rash and the NP</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>Provide care and assistance to perform activities of daily living for any resident who is unable.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for one of four residents (Resident# 1) reviewed for ADL care. The facility failed to provide Resident #1 showers consistent on her shower days who were physically impaired. This failure could place ADL dependent residents at risk of experiencing embarrassment from odors, infection, and skin breakdown. Findings included: Record review of shower schedule from electronic records revealed the following: Resident #1- was scheduled for Tuesdays, Thursdays, and Saturdays on the 2pm-10pm shift for December 2025. The following dates revealed the resident received showers: 12/2/2025 at 17:31 pm 12/4/2025 at 23:22 pm 12/6/2025 at 22:39 pm 12/8/2025 at 4:08 am 12/9/2025 at 23:46 am 12/11/2025 at 22:43 pm 12/13/2025 at 15:20 pm and 22:19 pm 12/17/2025 at 00:01 am and 17:59 pm 12/18/2025 at 4:07 am 12/19/2025 00:41 am 12/20/2025 at 00:56 am 12/21/2025 at 2:52 am 12/24/2025 at 14:52 pm 12/26/2025 at 5:59 am Record review of Resident #1's face sheet dated 12/29/2025 reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] and readmission 6/17/2025 with diagnoses of major depressive disorder, recurrent, mild (someone who experiences distinct, repeated episodes of depression, but with fewer and less severe symptoms than moderate or severe cases, significantly impacting life but without full incapacitation, and with no history of manic or hypomanic episodes), mixed hyperlipidemia (high levels of both cholesterol (especially LDL) and triglycerides in your blood), polyneuropathy, unspecified (damage affecting multiple peripheral nerves (outside the brain and spinal cord) where the specific underlying cause isn't identified or documented), gout, unspecified (the specific type or location isn't documented, but it's a painful inflammatory arthritis from uric acid crystal buildup in joints, causing sudden swelling, redness, and intense pain), disorder or muscle, unspecified (a medical classification for a muscle condition when the specific type isn't known, but it generally involves symptoms like weakness, pain, cramps, or stiffness, affecting the muscles' ability to function properly due to underlying issues with muscle fibers, nerves, or their connection). Review of Resident #1's Quarterly MDS, dated [DATE], reflected the resident had a BIMS score of 14, which indicated she cognitively intact. Resident #1 required partial/moderate assistance (helper does less than half the effort) with personal hygiene, lower body dressing, transfers, bed mobility, and toileting hygiene. She was dependent on staff for showers. Review of Resident #1's Comprehensive Care Plan, with revision date of 12/29/2025 reflected Resident # 1 required one staff assistance with bathing, dressing, grooming and hygiene. Observation and interview on 12/29/2025 at 10:45 AM, revealed Resident #1 was in her room lying in bed. There were no foul odors in the room, Resident #1 looked clean, she stated no one had been in her room yet to take her clothing out for her to put on for the day. Resident #1 stated it depends on who was giving the showers that day and she gets them at night. She stated she received her shower on 12/27/2025 and the previous Saturday on 12/20/2025. Record review revealed the resident received a shower on 12/21/2025, 12/24/2025, and 12/26/2025. Resident #1 stated she was told the water was cold and they had to fix it, and she could not give her a shower. She stated she could give her a bed bath, but Resident #1 refused wanting to take a bed bath with cold water. Resident #1 stated if she had any concerns she will tell the SW, nurse on duty, or the DON regarding the CNA and she will escalate it up by contacting the Ombudsman. Resident #1 could not provide which staff member advised her the water was cold so that staff member was not interviewed. In an interview with DON on 12/29/2025 at 3:10 PM, revealed that certain residents do not like to get out of bed until after breakfast and before lunch. DON stated Resident #1 does not refuse showers and makes her own decisions. She stated she is very pleasant and outspoken. She stated sometimes she wants a bed bath. DON stated if the residents refused their showers, the nurse would find out why, and she would contact the family and write a progress note. They will try to get their shower done the next day. They will ask them. If they do not get it, they will end up on their rotation day. She stated if they do not receive their showers, they can smell, skin breakdown, all kind of health issues, UTI, yeast infections, even with the men. They will also feel bad about themselves, and it can cause them to have mental health. In an interview with CNA A on 12/29/2025 at 3:00 PM, revealed that if residents do not receive their showers, they will have skin issues and that is not good for them. Living in an environment that will not smell good and the breakdown of the residents with sensitive skin. CNA A stated Resident #1 receive showers and she is vocal In an interview with Med Aide A on 12/29/2025 at 1:58 PM, revealed that Resident</p>		