

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Lbj Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Haley Rd. Johnson City, TX 78636	

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 0563</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 receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42600</p> <p>Based on interviews and record review, it was determined that the facility failed to ensure residents have the right to receive visitors of his or her choosing at the time of his or her choosing for 2 of 4 Residents (Resident #1 and Resident #2) reviewed for resident rights.</p> <p>The facility did not allow Resident #1 and Resident #2 to visit with a family member of a former resident.</p> <p>This failure placed residents at risk of isolation, decreased emotional wellbeing, and diminished quality of life.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 09/06/2024 reflected that Resident #1 was a [AGE] year old female readmitted on [DATE] with diagnoses of heart failure (condition that occurs when heart is unable to pump enough blood and oxygen to the body's organs), muscle wasting and atrophy (a condition that causes muscle tissue to decrease in size and thin out), major depressive disorder (serious mental illness that affects how people feel, think and function in their daily lives), and anxiety disorder (mental health condition that cause people to experience excessive and uncontrollable feeling of fear and anxiety).</p> <p>Review of Resident #1's quarterly MDS dated [DATE] reflected the resident had a BIMs score of 14 which indicated no cognitive impairment.</p> <p>Review of Resident #1's care plan dated 04/12/2020 reflected that under activities the resident liked family visits often. Approach for this care plan included to provide setting in which activities were preferred including family visits.</p> <p>Review of the annual activities assessment dated [DATE] included that the resident was alert and oriented, talkative, and enjoyed family visits.</p> <p>Review of the quarterly activities assessment dated [DATE] included that the resident enjoyed small groups and enjoyed family and friends.</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: 676486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Lbj Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Haley Rd. Johnson City, TX 78636	
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's progress notes did not include any information regarding visitation limitations or concerns from the facility or Resident #1.</p> <p>Review of Resident #1's progress notes reflected no conversations or requests regarding visitors/visitation.</p> <p>Review of Resident #2's face sheet dated 09/06/2024 revealed a [AGE] year old female readmitted on [DATE] with diagnoses of lumbar spina bifida (birth defect when the spine does not fully develop), major depressive disorder recurrent (serious mental illness that affects how people feel, think, and function in their daily lives), and mild intellectual disabilities (a condition that affects a person's ability to learn and adapt to their environment).</p> <p>Review of Resident #2's quarterly MDS dated [DATE] reflected Resident #2 had a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of Resident #2's care plan dated 07/02/2024 reflected Resident #2 was identified as being PASRR positive status due to mild intellectual disabilities. Goal for this care plan included to maintain the highest level of practicable well-being.</p> <p>Review of Resident #2's progress notes reflected no conversations or requests regarding visitors/visitation.</p> <p>During an interview on 09/06/2024 at 12:21 PM with Resident #1, she stated that she has had one issue of not being able to have some visitors. She stated that she was friendly with another resident for a long time, which has since passed, and that resident's family would visit often. She stated that after the other resident passed, Resident #1 was told by the ADM and the DON that the family was not allowed to visit her. She stated that she was asked to sign a document about visitation but did not understand it. She stated that she signed the document initially, but then told the ADM that she did not want to sign another that did not allow her friends to visit her. Resident #1 stated that she believed the facility staff told her they would only be able to visit outside. Resident #1 stated that she was told if those visitors wanted to visit her, they would have to let the facility know in advance and set an appointment. Resident #1 stated that was strange and she had not heard of that, and it was unusual to make someone schedule an appointment to visit with her. Resident #1 stated that she missed her friends and would like to see them.</p> <p>During an interview on 09/06/2024 at 1:40 PM, Resident #2 stated that the facility limited her visitors and that she was unable to visit with the family of her former roommate. She stated that she had to sign a form saying she did not want the visitors to come, but she had since notified the facility that she would like them to come and visit. She stated that she was not sure why they were unable to come and see her. She stated that it made her sad that they could not come to see her. Resident #2 stated that she had their phone number, but it was not the same as it was to visit in person. Resident #2 stated that she believed she was told she would have to visit outside if she wanted the visitors to come.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Lbj Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Haley Rd. Johnson City, TX 78636	
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/06/2024 at 1:57 PM, the SW stated that Resident #1 did not want a specific family to visit her and then later decided that she did. The SW stated that Resident #2 also wanted a specific family to come and visit her. She stated that as of right now there were no residents that have requested not to have a visit with anyone specific. The SW stated that she believed residents were asked if they wanted visits from family members of former residents and that she believed there were not any residents who wanted visits. The SW stated that from her understanding the visitor would have to call the facility and let them know when they would visit the facility to ensure that management was here during the visit. The SW stated that this was not considered home-like. The SW stated that no residents have stated that they were scared of these visitors nor had the family had issues directly with any residents at the facility.</p> <p>During an interview on 09/06/2024 at 2:06 PM with the ADM, she stated that when specific visitors would come into the facility they would go around and visit every resident not just their relative. She stated that they could restrict visits to only when residents requested. She stated that during a resident council meeting the residents were asked about visits with this family and that some residents stated that they did not want a visit. The ADM stated that this was not documented on the resident council minutes. She stated that initially Resident #1 stated she did not want a visit and requested her statement be torn up. She stated that she told Resident #1 if she wanted to visit it was no problem but the family would have to notify the facility and that they could go visit in the resident's room. The ADM stated that there were residents at the facility that did not want visits from this family, and she needed to protect their rights. The ADM stated that during the resident council meeting Resident #2 did not want a visit and then also changed her mind. The ADM stated that they told the resident council if they did want to visit with this family it would have to be in an area to protect the rights of resident who did not want those visitors here.</p> <p>During an interview on 09/06/2024 at 2:51 PM, the AD stated that Resident #1 was spunky and was the of the resident council. She stated that she was social, and she could be very loving and caring. The AD stated that Resident #2 was very kindhearted and very talkative. She stated that she was a social butterfly and used to have visitors but not as many lately. She stated that she would benefit from family visits and would benefit from having family closeness and family encounters.</p> <p>Review of facility grievance dated 08/05/2024 revealed that Resident #1 was playing bingo and appeared anxious and was fidgeting. When asked what was wrong, Resident #1 responded all this going on the (visitors) just makes me upset.</p> <p>Review of resident council minutes dated 07/24/2024, no information regarding visitors included as discussed during meeting.</p> <p>Review of facility policy titled Resident Rights Guidelines for All Nursing Procedures with revision date of October 2010 reflected resident rights included visitation.</p> <p>Review of facility all staff in-service dated 08/16/2024 reflected that resident rights were reviewed and included resident rights should always be upheld.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Lbj Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Haley Rd. Johnson City, TX 78636	
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled Visitation: Right to Access and Visitation dated June 13, 2024 reflected It is the policy of the facility to support and facilitate the resident's right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's rights to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. Further review reflected visitation would be person-centered, consider the psychosocial well-being of the resident, and support his or her quality of life. Policy included The facility will ensure all visitors enjoy full and equal visitation privileges consistent with resident preferences</p>		