

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  745004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  The Brixton at Horseshoe Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 15101 West Fm 2147 Horseshoe Bay, TX 78657	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49099</p> <p>Based on interviews and record review the facility failed to have an assessment that accurately reflected the status for 1 of 3 Residents (Resident #74) reviewed for assessment accuracy in that:</p> <p>Resident #74's discharge MDS dated [DATE] reflected she was discharged to Short Term General Hospital (acute hospital) when she was discharged home.</p> <p>This failure could place residents at risk of not receiving the proper care and services due to inaccurate records.</p> <p>Findings include:</p> <p>Record review of Resident #74's face sheet dated 05/15/2024 revealed a [AGE] year-old female admitted on [DATE] with a diagnosis of cellulitis of groin (bacterial infection involving the inner layers of the skin), herpes virus vulvovaginitis (viral infection caused by herpes simplex virus causing inflammation of the female genitalia), chronic viral Hepatitis C (viral infection that causes inflammation of liver), hypothyroidism-unspecified (condition where the thyroid gland does not produce enough hormones), Schizoaffective disorder-bipolar type (a mental disorder in which a person experiences a combination of symptoms of Schizophrenia and mood disorder), and depression-unspecified (mood disorder causing persistent feeling of sadness and loss of interest).</p> <p>Record review of Resident #74's discharge MDS assessment dated [DATE] revealed section A2105 discharge status was Short-Term General Hospital. MDS assessment reflected section A was signed for by the MDS Coordinator and ADM.</p> <p>Record review of Resident #74's Transfer/Discharge Report dated 04/03/2024 revealed Resident #74 was discharged to home with a signature from Resident #74 dated 04/03/2024 at 12:44 PM.</p> <p>In an interview and observation on 05/16/2024 at 09:50 AM the MDS Coordinator stated she remembered Resident #74. The MDS coordinator was observed reviewing Resident #74's record and stated she remembered that Resident #74 was discharged home. The MDS coordinator stated she was in charge of completing all facility MDS assessments and had completed the discharge MDS for Resident #74 and marked incorrectly that the resident was sent to the hospital when she was really sent home. She stated it was her expectation that the assessments were 100 percent accurate. She said an inaccurate MDS could affect the care of the resident and that staff want to ensure the care plans and MDS assessments accurately represent the residents.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/16/2024 at 10:00 AM the ADM stated it was the MDS Coordinator who was responsible for completing MDS assessments and that he then signs off on them after completion. The ADM stated it was his expectation that all assessments completed were accurate. The ADM stated that an incorrect MDS assessment could affect different things depending on which section was incorrect but has the potential to affect payments and/or care plans. He stated he remembered Resident #74 and that the resident was discharged home after certain behaviors from Resident #74 that prevented the facility from being able to provide care.</p> <p>Record review of the MDS 3.0 Completion policy last revised 11/2023 reflected:</p> <p>According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate, and standardized assessment of each resident's functional capacity using the RAI specified by the state.</p> <p>Care plan team responsibility for assessment completion:</p> <p>a. Interdisciplinary responsibility for completion of MDS sections:</p> <p>i. Persons completing part of the assessment must attest to the accuracy of the section they completed by signature and indication of the relevant sections.</p> <p>The RN coordinator signs, dates, and attests (in section Z0500A) to timely completion of the RAI once all other disciplines have completed their sections.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28689</p> <p>Based on observation, interview and record review, the facility the facility failed to ensure a resident who is unable to carry out activities of daily living receives grooming and personal care for 3 of 20 residents (#70, #52, and #32) reviewed for ADL care.</p> <p>The facility failed to ensure Residents #70, #52, and #32 were provided assistance with nail care.</p> <p>These failures could place residents at risk of scratches, infection, and loss of self-esteem.</p> <p>Findings included:</p> <p>Record review of the undated Face Sheet for Resident #70 reflected he was an [AGE] year-old male admitted to the facility on [DATE].</p> <p>Record review of the Medical Diagnosis Sheet for Resident #70 dated 04/09/2024 reflected he had an unspecified fracture of left femur (broken thighbone), subsequent encounter for closed fracture with routine healing.</p> <p>Record review of the Comprehensive MDS for Resident #70 dated 04/16/2024 reflected he had a BIMS score of 3 indicating severe cognitive impairment. His functional abilities and goals reflected he required supervision or touching assistance for personal hygiene.</p> <p>Record review of the Care Plan for Resident #70 dated 04/18/2024 reflected he had an ADL self-care performance and mobility deficit. Goal: Resident will be clean, well groomed, and appropriately dressed thought the review date 7/24/2024. Interventions: Check nails are clean, trimmed and filed.</p> <p>Observation and interview on 05/14/2024 at 9:12 AM of Resident #70 revealed he had jagged fingernails that were 3/4 inch past the fingertips on both hands. He stated My nails need filing. I could use someone to help me file them.</p> <p>Observation on 05/15/2024 at 09:05 AM of Resident #70's fingernails which revealed they were still long and jagged on both hands.</p> <p>Observation and interview on 05/15/2024 at 1:51 PM of Resident #70 revealed he still had long and jagged fingernails. CNA A was in his room and observed his nails. Resident #70 stated he would allow her to trim and file his nails.</p> <p>In an interview on 05/15/2024 at 2:01 PM RN B stated she was a regular staff and had worked at the facility for 3-4 months. She stated she had the right side of the 100 hall which included Resident #70. She noted he had long, jagged fingernails and could scratch himself. She stated the lack of nail care could be a dignity issue. She stated since she had to give residents their medications, she had not been able to do a full set of observation rounds that day.</p> <p>Record review of the undated Face Sheet for Resident #52 reflected she was an [AGE] year-old female admitted to the facility on [DATE].</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 - Some</p>	<p>Record review of the Medical Diagnosis Sheet for Resident #52 dated 06/19/2023 reflected she had a diagnosis of Unspecified Dementia (loss of cognitive functioning, thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities) and Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) with other diabetic kidney complication.</p> <p>Record review of the Quarterly MDS for Resident #52 dated 03/07/2024 reflected she had a BIMS score of 10 indicating moderate cognitive impairment.</p> <p>Record review of the Care Plan for Resident #52 dated 6/13/2024 reflected she required assistance with ADL's r/t impaired mobility, increased weakness, poor cognition, poor health. Goal: She will be clean, well-groomed through the review date 06/11/2024. Interventions: Check nails are clean, trimmed and filed. Licensed Nursing to complete nail care.</p> <p>In an observation and interview on 05/14/2024 at 9:56 AM revealed Resident #52's fingernails were 3/4-inch past the fingertips and jagged. She stated her family member had not been to the facility in a long time to trim and file her nails .</p> <p>Observation and interview on 05/15/2024 at 9:16 AM revealed Resident #52's fingernails were still long and jagged. She stated, I need them trimmed and filed.</p> <p>In an interview on 05/15/2024 at 1:44 PM CNA A stated Resident #52 was a diabetic and the nurse would need to trim her fingernails. CNA A noted the resident's nails were long and needed to be cleaned. She stated bacteria could be under her nails, she could scratch herself, get a wound and an infection .</p> <p>In an interview on 05/15/2024 at 1:55 PM in Resident #52's room, LVN C stated she was an agency nurse and she thought nail care was performed by the weekend staff. LVN C noted Resident #52's nails were long and jagged with brown/yellow debris underneath. LVN C stated there could be food, feces, anything under her nails. She stated the resident could get skin tears and an infection.</p> <p>Record review of the undated Face Sheet for Resident #32 reflected she was an [AGE] year-old female who was admitted to the facility on [DATE].</p> <p>Record review of the Medical Diagnosis Sheet for Resident #32 dated 07/17/2023 reflected she had a diagnoses of Unspecified Dementia (loss of cognitive functioning, thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities.)</p> <p>Record review of the Quarterly MDS for Resident #32 dated 04/23/2024 reflected she had a BIMS score of 7 indicating severe cognitive impairment. The functional abilities and goals indicated she was independent with her personal hygiene.</p> <p>Record review of the Care Plan for Resident #32 dated 07/26/2023 reflected she required assistance with ADL's r/t increased weakness, poor cognition. Impaired mobility and pain. Goal: She will be clean, groomed. Interventions: Check nails are clean, trimmed, filed.</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 - Some</p>	<p>Observation and interview on 05/14/2024 at 9:59 AM in Resident #32's room revealed her fingernails were jagged and 3/4 inch past the fingertips. She stated No one ever offers to trim or file them. I get a bath three times a week. I don't ask them to trim my nails when they're in a hurry. They don't have time to trim nails.</p> <p>Observation and interview on 05/15/2024 at 9:17 AM revealed Resident #32's fingernails were still long, jagged and with brown debris underneath. Resident #32 was observed using a fingernail to pick brown debris out from under her other fingernails. She stated she had not received nail care in a long time.</p> <p>In an interview on 05/15/2024 at 1:44 PM CNA A noted Resident #32's fingernails needed to be cleaned and trimmed. CNA A stated there could be bacteria under her fingernails, she could scratch herself, get a wound and an infection .</p> <p>In an interview on 05/15/2024 at 1:59 PM in Resident #32's room, LVN C noted the resident's nails were long, jagged and she could get skin tears., She stated she could have bacteria under her nails. She stated she was responsible as a CN to follow-up behind the aides but stated she did not look at nails all of the time.</p> <p>In an interview on 05/16/2024 at 10:22 AM the ADON stated I do not look at residents' nails. The Charge Nurses do rounds and aides do the nails. but no one person has responsibility over that. When we do our rounds in the morning we look at the condition of the room and make sure they have water. The potential risk to the resident is they could have bacteria under their nails and get an infection. They also put their fingers in their mouths. They could get a skin tear with an infection. They could scratch another resident or employee. Their nails could get caught on something and rip it off.</p> <p>In an interview on 05/16/2024 at 10:27 AM the DON stated the nurses and CNAs were responsible for nail care and the nurses should have been checking the resident's nails. She stated residents could have bacteria or fungal infections under their nails and if they scratched themselves, they could get a skin tear and infection. She stated their plan going forward was that she and the ADON were planning to do audits and actually look at the residents' nail care.</p> <p>In an interview on 05/16/2024 at 10:32 AM the ADM stated his expectations were for fingernails to be cleaned routinely and trimmed, as necessary. He stated if the residents' nails were dirty or long the staff needed to go ahead and get them taken care of. He further stated long, jagged nails could cause skin tears and infections.</p> <p>Record review of a facility Policy titled Nail Care dated 11/2021 and reviewed /revised 11/2022 and 11/2023 reflected Policy: The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health.</p> <p>1. Routine nail care, to include trimming and filing, shall be provided on shower days between scheduled occasions as the need arises when residents allow. Principles of Nail Care: a) Only licensed nurses shall trim or file fingernails of residents with diabetes.</p>		