

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/06/2024
NAME OF PROVIDER OR SUPPLIER The Lodge of Saginaw Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 848 W McLeroy Blvd Saginaw, TX 76179	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35747</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment, which included but were not limited to receiving treatment and supports for daily living for one (Resident #1) of six residents reviewed for environment.</p> <p>The facility failed to ensure Resident #1's personal photographs and decor were moved with her into the room she had to temporarily move into on 09/26/24, due to a Covid-19 (a severe acute respiratory syndrome) outbreak.</p> <p>This failure could place residents at risk for a diminished quality of life due to the lack of a homelike environment.</p> <p>Findings included:</p> <p>Review of Resident #1's Face Sheet, dated 10/06/24, reflected she was an [AGE] year-old female, who admitted to the facility on [DATE], with diagnoses including cerebral infarction (also known as an ischemic stroke; occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), hemiplegia and hemiparesis following cerebral infarction (conditions that cause weakness or paralysis on one side of the body), cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage (refers to a range of impairments in thinking, social interaction, and emotional regulation that can occur after a brain bleed in the space surrounding the brain), and anxiety disorder (a mental illness that causes excessive and uncontrollable feelings of fear and anxiety that can significantly impair a person's daily life).</p> <p>Review of Resident #1's MDS Assessment, dated 08/17/24, reflected she had a BIMS of 10 (indicating she was moderately cognitively impaired).</p> <p>Review of Resident #1's Nurse's Notes, dated 09/27/24, reflected, .Resident moved on 09/26/24 to [a different room] with another negative Covid [a severe acute respiratory syndrome] resident. Resident was in agreement with move until this am [morning]. Spoke with daughter [name] and she is speaking with resident and will reiterate that this is a temporary move. Resident did agree to stay on [the new room number] for the time being .</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #1 on 10/05/24 at 12:05PM reflected she was sitting in her wheelchair, next to her bed. Resident #1 was noted to be surrounded by over a dozen personal photographs.</p> <p>During an interview with Resident #1 on 10/05/24 at 12:05PM, she stated she had recently moved into the room in which she was currently staying. She stated she moved to the room because she was Covid-19 negative; her previous roommate tested positive for Covid-19 and so did the resident who previously resided in the room in which she was currently staying. Due to the Covid-19 outbreak, their rooms were temporarily switched. Resident #1 stated none of her personal decor moved from her permanent room into this new room in which she was temporarily staying. She stated she knew no one in the personal photographs that surrounded her. Resident #1 stated she wanted her personal decor to be moved into the room that she was temporarily residing in, until the Covid-19 outbreak had passed.</p> <p>During an interview with the Administrator on 10/06/24 at 11:42AM, he stated Resident #1 temporarily moved into a different room due to the Covid-19 outbreak at the facility. He said he was under the impression that the majority of Resident #1's personal belongings, including personal photographs that were not secured to the walls, had moved with her from her permanent room into her temporary room. He said Resident #1 was expected to move back to her previous/permanent room on 10/07/24. The Administrator stated he was not sure of the risks that could be posed to a resident by not having their own personal belongings and/or decor, as he was not a psychologist.</p> <p>Review of the facility's Statement of Resident Rights policy, undated, reflected, .Residents do not give up any rights when entering a nursing community. The community must encourage and assist them to fully exercise their rights . and .The resident has a right: . 14. To keep and use personal property .</p>		