STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43047 Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 2 of 18 residents reviewed for care plans. (Resident #s37 and 49) The facility did not follow physician orders for contracture prevention to Resident #37 left hand and Resident #49 right hand. These failures could place residents at risk of not receiving adequate care and services to meet their needs. Findings included: 1. Record review of consolidated physician orders dated 10/21/21 indicated Resident #37 was [AGE] years old, readmitted on [DATE] with diagnoses including dementia, dependence on supplemental oxygen, flaccid hemiplegia affecting left dominant side (muscle tone is lacking in the affected muscles), congestive heart failure, muscle weakness, hypertension, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following unspecified cerebrovascular disease affecting left dominant side, and unspecified convulsions. The order indicated ensure splint was in place on left hand 8:00 a.m. to 4:00 p.m. every day and evening shift for prevention contractures. (start date 9/10/20). Record review of the most recent comprehensive MDS dated [DATE] indicated Resident #37 made herself understood and understood others. Resident #37 had a BIMS (brief interview for mental status) score of 13 which indicated Resident #37 was cognitively intact. The MDS indicated Resident #37 did not reject care necessary to achieve the resident's goals for health or well-being. The assessment indicated Resident #37 required extensive assistance with bed mobility, transfers, dressing, toileting, personal hygiene and bathing; supervision with eating. The MDS indicated Resident #37 had an impairment on one side of her upper extremity. Record review of the care plan revised on 7/30/21 indicated Resident #37 had an alteration in musculoskeletal status related to contracture to her left arm/hand. The care plan interventions included, encourage/supervision/assist the resident with the use of supportive devices (brace) as needed. The care plan also indicated Resident #37 had an ADL self-care performance deficit related to weakness, and hemiplegia left side. The care plan interventions included splint to left hand per orders. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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	Record review of the licensed medication administration record dated 10/1/21-10/31/21 indicated the splint was placed on Resident #37 left hand, and initialed by the nurse on 10/18/21, 10/19/21, 10/20/21 and 10/21/21. During an observation on 10/18/21 at 10:58 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/18/21 at 3:10 p.m., Resident #37 was sitting in her wheelchair. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/19/21 at 9:50 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation and interview on 10/19/21 at 2:30 p.m., Resident #37 was sitting in her wheelchair completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. Resident #37 said she was supposed to wear a splint on her left hand every day. Resident #37 was unable to give the exact date of the last time she wore the splint. Resident #37 said she was not able to put the splint on by herself. Resident #37 said the splint was in her top dresser drawer. The surveyor noted the splint in Resident #37 dresser drawer. During an observation on 10/20/21 at 9:45 a.m., Resident #37 was sitting in her wheelchair completing a puzzle. Resident #37 Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/20/21 at 2:15 p.m., Resident #37 was sitting in her wheelchair completing a puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/21/21 at 9:15 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. 2. Record review of consolidated physician orders dated 10/21/21 indicated Resident #49 was [AGE] years old, readmitted on [DATE] with diagnoses including cerebral infarction due to embolism of left middle cerebral artery (stroke), epilepsy, major depressive disorder, hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following cerebral infarction affecting right dominant side, apraxia (unable to carry out everyday movements and gestures), hypertension and muscle weakness. The orders indicated ensure carrot in right hand in the morning every day for prevention of contractures, therapy to remove carrot (start date 9/10/20). Record review of the most recent comprehensive MDS dated [DATE] indicated Resident #49 sometimes made herself understood, usually understood others. The MDS indicated the BIMS was not scored due to the resident was unable to complete the interview. The MDS indicated Resident #49 did not reject care necessary to achieve the resident's goals for health or well-being. The assessment indicated Resident #49 required supervision with bed mobility, transfers, eating, toileting, personal hygiene; limited assistance with dressing and extensive assistance with bathing. The MDS indicated Resident #37 had an impairment on one side of her upper extremity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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	Record review of the care plan revised on 8/27/20 indicated Resident #49 had an ADL self-care performance deficit related to history of CVA (stroke). The care plan interventions included ensure carrot in place to right hand. Record review of the licensed medication administration record dated 10/1/21-10/31/21 indicated the carrot was placed in Resident #49 right hand, and initialed by the nurse on 10/18/21, 10/19/21, 10/20/21 and 10/21/21. During an observation on 10/18/21 at 10:56 a.m., Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an interview and observation on 10/19/21 at 10:05 a.m., An interview attempted but Resident #49 was non-interview able. Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an observation on 10/19/21 at 11:04 a.m., Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During a phone interview on 10/19/21 at 11:15 a.m., Resident #49 family member said Resident #49 required assistance with placing the carrot in her right hand. During an observation on 10/20/21 at 9:40 a.m., Resident #49 was sitting in wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an observation on 10/21/21 at 9:14 a.m., was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an interview on 10/21/21 at 9:29 a.m., NA K said she was providing care for Resident #37 and #49 at the time of the interview. NA K said the charge nurse was responsible for ensuring contracture prevention devices were applied. NA K said she was not aware that Resident #37 and #49 had an order for a contracture prevention device. NA K said she did not put any device on Resident #37 left hand or in Resident #49 right hand when she provided care for her. During an interview on 10/21/21 at 9:46 a.m., CNA L said she was providing care for Resident #37 and #49 at the time of the interview. CNA L said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied. CNA L said she was not aware that Resident #37 and #49 had an order for a contracture prevention device. CNA L said she does not have access to residents' chart because the kiosk that the facility has for the aides to chart and review residents' records has been down for a while. CNA L said the facility nursing department were aware of the issue. CNA L said she reports to the charge nurse, and the charge nurse will tell her what tasks she needs completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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	During an interview on 10/21/21 at 10:02 a.m., CNA M said she was providing care for Resident #37 and #49 at the time of the interview. CNA M said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied. CNA M said she was not aware that Resident #37 and #49 had an order for a contracture prevention device. CNA M said she does not have access to residents' chart because the kiosk that the facility has for the aides to chart and review residents' records has been down. CNA M said she report to the charge nurse throughout the day what tasks has been completed. During an interview on 10/21/21 at 10:28 a.m., OTR N (registered occupational therapy) said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied to Resident #37 and #49. OTR N said placing the carrot in Resident #49 right hand also keep her nails from been imbedding in her hand. OTR N said the contracture prevention device prevent the contractures from getting worse. During an interview on 10/21/21 at 10:52 a.m., Agency LVN H said she was providing care for Resident #37 and #49 at the time of the interview. Agency LVN H said nurses and therapy was responsible for ensuring contracture prevention devices were applied. Agency LVH H said it was important that Resident #37 and #49 contracture prevention was applied to their hands to prevent the contractures from getting worse. Agency LVN H said Resident #37 and #49 physician orders should be followed. During an interview on 10/21/21 at 1:07 p.m., RN G said the nurses and aides was responsible for ensuring the carrot was placed in Resident #49's right hand and the charge nurse was responsible for ensuring the splint was placed on Resident #37's left hand. RN G said the charge nurses were responsible for telling the CNA's what residents required a contracture prevention device. RN G said the nurses are responsible for documenting that this order is followed in PCC (point click care). RN G said nurses were to ensure residents was receiving the treatment as ordered by making rounds every 1-2 hours. RN G said the contracture prevention device prevent the contractures from getting worse. During an interview on 10/21/21 at 1:36 p.m., the DON said the charge nurse was responsible for ensuring the resident contracture prevention devices were applied. The DON said she has only been at this facility for two weeks and she will be reviewing residents' chart daily and making rounds to ensure the resident contracture prevention devices were applied. The DON said she expected the physician orders for Resident #37 and #49 be followed. During an interview on 10/21/21 at 1:52 p.m., the Regional [NAME] President said he does not know a lot about the clinical side of nursing, but he would expect that the nurses, aides and therapy was for ensuring the resident contracture prevention devices were applied. The regional vice president said the DON will be monitoring the charge nurse and aides by making rounds to ensure the ensure the resident contracture prevention devices were applied. The regional vice president said he expected the physician orders for Resident #37 and #49 be followed. During an interview on 10/21/21 at 3:31 p.m., the DON said there was no policy and procedure regarding following physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41312 42064 Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 2 of 25 residents reviewed for ADL's. (Resident #1 and Resident #18) The facility did not ensure Resident #18s fingernails were clean and trimmed. The facility did not provide assistance with facial hair removal for Resident #18 who had a multiple 1-inch gray hairs on her chin. These failures could place residents who required assistance from staff for ADL's at risk for not receiving care and services to meet their needs. Findings included: 1 During record review of the consolidated physicians' orders dated 10/21/2021, indicated Resident #1 was [AGE] years old, admitted on [DATE] with diagnosis including chronic obstructive pulmonary disease (a condition involving constriction of the airways and difficulty or discomfort in breathing), major depressive disorder, Alzheimer's disease, chronic pain syndrome, dementia and generalized anxiety disorder. During record review of the MDS dated [DATE] indicated Resident #1 made herself understood and understood others. The MDS indicated Resident #1 did not reject care. The MDS indicated Resident #1 required extensive assistance for bed mobility, transfers and eating. The MDS indicated Resident #1 required total dependence for dressing, toileting and personal hygiene. The MDS indicated Resident #1 had a BIMS (brief interview for mental status) score of 9 (severe cognitive impairment). During record review of the care plan dated 10/8/2021, indicated Resident #1 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to disease process and physical limitations. The care plan indicated Resident #1 had a self-care performance deficit related to impaired cognition, and late effects of CVA (also called stroke; damage to the brain from interruption of its blood supply), and hemiplegia (muscle weakness or partial paralysis on one side of the body). The care plan indicated Resident #1 required extensive assistance of 1 to 2 staff members for bathing/showering, transfers and bed mobility. The care plan indicated Resident #1 required the extensive assistance of one staff member for personal hygiene. During an observation on 10/18/2021 at 11:23 a.m., Resident #1's nails to her left contracted hand were approximately 0.5 c.m. in length with a brown substance under the nail bed. During an observation on 10/19/2021 at 1:59 p.m., Resident #1's nails to her left contracted hand were approximately 0.5 c.m. in length with a brown substance under the nail bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/20/2021 at 1:51 p.m., Resident #1's nails to her left contracted hand were approximately 0.5 c.m. in length with a brown substance under the nail bed. During an interview on 10/21/2021 at 9:20 a.m., CNA V said the aides who worked on the hall were responsible for providing nail care unless the resident was a diabetic. CNA said the nurses were responsible for providing nail care to residents who were diabetics. During an interview on 10/21/2021 at 9:22 a.m., NA U said aides provided nail care for the residents. NA U said nail care ws During an observation on 10/21/2021 at 9:25 a.m., Resident #1's nails to her left contracted hand were approximately 0.5 c.m. in length with a brown substance under the nail bed. During an interview on 10/21/2021 at 9:45 a.m., RN G said the aides on the hall were responsible for nail care. RN said Resident #1 was a hospice resident and was bathed by the hospice nurse three times weekly. RN said the facility aides were still responsible for providing nail care if needed to hospice residents. During an interview on 10/21/2021 at 9:55 a.m., LVN H said nurses provided nail care for diabetic residents and aides provided nail care for all other residents. During an interview on 10/21/2021 at 10:00 a.m., RN Q said CNA's were responsible for nail care on bath/shower days. RN Q said even if a resident was receiving hospice services nail care was ultimately the responsibility of the aides. During an interview on 10/21/2021 at 1:30 p.m., the DON said it was the CNA's responsibility to provide nail care to the residents. She said the charge nurses should ensure this was done. 2. Consolidated physician orders dated 10/21/21 indicated Resident #18 was [AGE] years old and admitted to the facility on [DATE] with diagnoses of dementia with behaviors, Type II Diabetes Mellitus, muscle weakness, and Hypertension (high blood pressure). The MDS dated [DATE] indicated Resident #18 usually made herself understood, usually understood others, and had a BIMS score of 07 indicting severe cognitive impairment. The MDS indicated Resident #18 required limited assistance of one staff for ADL care. The care plan dated 8/10/21 indicated Resident #18 had an ADL self-care deficit and that Resident #18 required supervision to extensive staff assistance with personal hygiene. The care plan indicated one person would assist Resident #18 with personal hygiene. During an observation on 10/18/21 at 1:05 p.m., Resident #18 was sitting in a chair against the wall in the living area she had multiple approximately 1inch gray hairs under her chin. During an observation on 10/19/21 at 10:38 a.m., Resident #18 was sitting in a chair against the wall in the living area she had multiple approximately 1inch gray hairs under her chin. During an observation on 10/20/21 at 9:00 a.m., Resident #18 was sitting in a chair against the wall in the living area she had multiple approximately 1inch gray hairs under her chin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/21/21 at 9:00 a.m., Resident #18 was sitting in a chair against the wall in the living area she had multiple approximately 1inch gray hairs under her chin. During an interview on 10/21/21 at 10:07 a.m., LVN S said that facial hair should be taken care of on shower days and as needed. LVN S said that Resident #18's shower days were Tuesday, Thursday, and Saturdays. She said she did know why Resident #18's facial hair was not removed. LVN S said failure to remove facial hair could cause dignity issues. During an interview on 10/21/21 at 10:10 a.m., CNA M said she was the aide assigned to Resident #18 and that facial hair was normally trimmed or shaven on shower days. CNA M said she last gave Resident #18 a shower on Tuesday and that she did not know why Resident #18's facial hair was not trimmed. During an interview on 10/2121 at 2:20 p.m., the interim DON said she expected CNAs to remove facial hair on men or women on their shower days unless they refuse and to document completion on the ADL flowsheets. During an interview on 10/21/21 at 1:37 p.m., the regional director of operations said he expected facial hair to be trimmed when needed but did not know if there was a schedule. During an interview on 10/21/21 at 2:20 p.m., the interim DON was asked for an ADL policy related to nail care and grooming. The interim DON said the facility did not have any type of ADL care policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41312 Based on observation, interview, and record review, the facility failed to provide an ongoing program of activities, based on the comprehensive assessment and preferences, designed to meet the well-being of residents for 2 of 4 residents reviewed for activities. (Residents #4 and #18) The facility did not provide ongoing activities for Residents #4 and 18 who resided on the secured unit based on their comprehensive assessments and preferences. This failure could place residents at risk for depression, boredom, and decreased quality of life. Findings included: 1. Consolidated physician orders dated 10/21/21 indicated Resident #4 was [AGE] years old and admitted to the facility on [DATE] with diagnoses of dementia with behaviors, unspecified psychosis, unspecified depression, and Hypertension (high blood pressure). The MDS dated [DATE] indicated Resident #4 made herself understood, understood others, and had a moderately impaired cognition. The MDS indicated Resident #4 required one person assistance with all ADL care. The MDS indicated Resident #4 liked to participate in her favorite activities. The care plan dated 10/15/21 indicated Resident #4 was dependent on staff for meeting emotional, intellectual, physical and social needs related to the disease process of dementia. The care plan indicated Resident #4 would maintain involvement in cognitive stimulation, social activities as desired. The care plan indicated Resident #4 preferred activities which do not involve overly demanding cognitive tasks and that she liked structured activities such as sorting blocks, coloring, and folding rags. 2. Consolidated physician orders dated 10/21/21 indicated Resident #18 was [AGE] years old and admitted to the facility on [DATE] with diagnoses of dementia with behaviors, Type II Diabetes Mellitus, muscle weakness, and Hypertension (high blood pressure). The MDS dated [DATE] indicated Resident #18 usually made herself understood, usually understood others, and had a BIMS score of 07 indicting severe cognitive impairment. The MDS indicated Resident #18 found these activities to be very important during her stay at the facility: books, newspapers, magazines, listening to music, keeping up with news, participating in group activities, going outside, and participating in religious activities. The care plan dated 8/10/21 indicated Resident #18 had difficulty staying involved in recreational activities but she enjoyed playing bean bag toss and participating in small group activities. The activity calendar posted on the secured unit was entitled October Activity Calendar. Monday, Tuesday, Wednesday, and Thursday scheduled activities are listed below: Monday 18th: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9:00 Movin & Groovin 10:30 Bible Study 1:00 ROM 3:00 Snacks Tuesday 19th: 9:00 Movin & Groovin 10:30 Arts and Crafts 1:00 ROM 3:00 Snacks Wednesday 20th: 9:00 Movin & Groovin 10:30 Parachute & Ball toss 1:00 ROM 3:00 Snacks Thursday 21st: 9:00 Movin & Groovin 10:30 Bingo 1:00 ROM 3:00 Snacks During an observation on 10/18/21 at 1:05 p.m., in the secured unit Resident #4 was sitting at a table in the living area. The TV was on without sound. Resident #18 was sitting in a chair against the wall in the living area. The ROM activity did not occur. During an observation on 10/19/21 at 9:00 a.m., in the secured unit Resident #4 was sitting at a table in the living area with her head down. Resident #18 was sitting in a chair against the wall in the living area. The movin & groovin activity did not occur. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/19/21 at 10:38 a.m., in the secured unit Resident #4 was sitting at a table in the living area with her head down. Resident #18 was sitting in a chair against the wall in the living area. The activity arts and crafts did not occur. During an observation on 10/20/21 at 9:00 a.m., in the secured unit Resident #4 was ambulating the hallway and Resident #18 was sitting at the table in the living area. The activity movin & grooving did not occur. During an observation on 10/20/21 at 1:04 p.m., in the secured unit Resident #4 was sitting at a table in the living area. Resident #18 was sitting in a chair against the wall in the living area. The ROM activity did not occur. During an observation on 10/21/21 at 9:00 a.m., in the secured unit Resident #4 was sitting at a table in the living area. Resident #18 was sitting in a chair against the wall in the living area. The movin & groovin activity did not occur. During an observation on 10/21/21 at 1:07 p.m., in the secured unit Resident #4 was sitting at a table in the living area. Resident #18 was sitting in a chair against the wall in the living area. The ROM activity did not occur. how During an interview on 10/21/21 at 1:10 p.m., LVN S who was also the memory care director said that the AD had been off of work since the previous week. LVN S said that ultimately, she was responsible for activities being performed on the secured unit. She said that she had completed the parachute and ball toss activity and the AD had returned on 10/21/21 and completed the bingo activity. When asked about the movin & groovin activity LVN S said she did not know what that was and had not ever done that. When asked about the ROM activity she said she did not go by the calendar at all and would periodically do different things with the residents on the unit. She said this week she did the parachute and ball toss. LVN S said that the secured unit was very active and would benefit from more activities but that she had only been in the position for approximately 1 month and had not been able to complete everything she had wanted to do. LVN S said she was not aware that she should have followed the schedule of activities. LVN S said that when she first started that the secured unit had a part time activity assistant, but they do not have that anymore. During an interview on 10/21/2 at 1:18 p.m., LVN T said she was an agency nurse and worked only on the secured unit. LVN T said she did not know what movin & groovin was. She said that normally the LVN S would perform one activity per day if she had time, but that they did not complete scheduled activities except for occasionally the 10:30 am activity and snack time. During an interview on 10/21/21 at 1:34 p.m., the AD said she thought the CNAs were responsible for completing activities on the secured unit if she was not present. The AD said she tried to get to the secured unit at least twice per week but sometimes it was hard to do. The AD said not performing activities could cause boredom in residents. During an interview on 10/21/21 at 1:40 p.m., the interim DON said she did not know who was responsible for activities on the secured unit when the AD was not present. She said whoever had free time she guessed could complete them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/21/21 at 1:37 p.m., the regional director of operations said that there was not an issue with activities on the secured unit. He said LVN S was responsible for activities on the secured unit and that she completed them daily. During an interview on 10/21/21 at 2:20 p.m., the interim DON was asked for an activity policy and she said that the facility did not have one.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43047 Based on observation, interview and record review, the facility failed to ensure a resident with limited mobility received appropriate treatment and services to prevent further decrease in range of motion for 2 of 7 residents reviewed for mobility. (Resident #37 and #49) The facility did not provide interventions to prevent deterioration of Resident #37's range of motion in her left hand. The facility did not provide interventions to prevent deterioration of Resident #49's range of motion in her right hand. These failures could place residents at risk for decrease in mobility, range of motion and contribute to worsening of contractures. Findings included: 1. Record review of consolidated physician orders dated 10/21/21 indicated Resident #37 was [AGE] years old, readmitted on [DATE] with diagnoses including dementia, dependence on supplemental oxygen, flaccid hemiplegia affecting left dominant side (muscle tone is lacking in the affected muscles), congestive heart failure, muscle weakness, hypertension, hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following unspecified cerebrovascular disease affecting left dominant side, and unspecified convulsions. The orders indicated ensure splint was in place on left hand 0800 to 1600 every day and evening shift for prevention contractures. (start date 9/10/20). Record review of the most recent comprehensive MDS dated [DATE] indicated Resident #37 made herself understood, understood others, and was cognitively intact. The MDS indicated Resident #37 did not reject care necessary to achieve the resident's goals for health or well-being. The assessment indicated Resident #37 required extensive assistance with bed mobility, transfers, dressing, toileting, personal hygiene and bathing; supervision with eating. The MDS indicated Resident #37 had an impairment on one side of her upper extremity. Record review of the care plan revised on 7/30/21 indicated Resident #37 had an alteration in musculoskeletal status related to contracture to her left arm/hand. The care plan interventions included, encourage/supervision/assist the resident with the use of supportive devices (brace) as needed. The care plan also indicated Resident #37 had an ADL self-care performance deficit related to weakness, and hemiplegia left side. The care plan interventions included splint to left hand per orders. Record review of the licensed medication administration record dated 10/1/21-10/31/21 indicated the splint was placed on Resident #37 left hand, and initialed by the nurse on 10/18/21, 10/19/21, 10/20/21 and 10/21/21. During an observation on 10/18/21 at 10:58 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/18/21 at 3:10 p.m., Resident #37 was sitting in her wheelchair. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/19/21 at 9:50 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation and interview on 10/19/21 at 2:30 p.m., Resident #37 was sitting in her wheelchair completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. Resident #37 said she was supposed to wear a splint on her left hand every day. Resident #37 was unable to give the exact date of the last time she wore the splint. Resident #37 said she was not able to put the splint on by herself. Resident #37 said the splint was in her top dresser drawer. The surveyor noted the splint in Resident #37 dresser drawer. During an observation on 10/20/21 at 9:45 a.m., Resident #37 was sitting in her wheelchair completing a puzzle. Resident #37 Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/20/21 at 2:15 p.m., Resident #37 was sitting in her wheelchair completing a puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. During an observation on 10/21/21 at 9:15 a.m., Resident #37 was lying in bed completing a word puzzle. Resident #37 did not have a splint, or a contracture device applied to her left hand. 2. Record review of consolidated physician orders dated 10/21/21 indicated Resident #49 was [AGE] years old, readmitted on [DATE] with diagnoses including cerebral infarction due to embolism of left middle cerebral artery, epilepsy, major depressive disorder, hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following cerebral infarction affecting right dominant side, apraxia (unable to carry out everyday movements and gestures), hypertension and muscle weakness. The orders indicated ensure carrot in right hand in the morning every day for prevention of contractures, therapy to remove carrot (start date 9/10/20). Record review of the most recent comprehensive MDS dated [DATE] indicated Resident #49 sometimes made herself understood, usually understood others. The MDS indicated the BIMS was not scored due to the resident was unable to complete the interview. The MDS indicated Resident #49 did not reject care necessary to achieve the resident's goals for health or well-being. The assessment indicated Resident #49 required supervision with bed mobility, transfers, eating, toileting, personal hygiene; limited assistance with dressing and extensive assistance with bathing. The MDS indicated Resident #37 had an impairment on one side of her upper extremity. Record review of the care plan revised on 8/27/20 indicated Resident #49 had an ADL self-care performance deficit related to history of CVA (stroke). The care plan interventions included ensure carrot in place to right hand. Record review of the licensed medication administration record dated 10/1/21-10/31/21 indicated the carrot was placed in Resident #49 right hand, and initialed by the nurse on 10/18/21, 10/19/21, 10/20/21 and 10/21/21. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/18/21 at 10:56 a.m., Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an interview and observation on 10/19/21 at 10:05 a.m., An interview attempted but Resident #49 was non-interview able. Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an observation on 10/19/21 at 11:04 a.m., Resident #49 was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During a phone interview on 10/19/21 at 11:15 a.m., Resident #49 family member said Resident #49 required assistance with placing the carrot in her right hand. During an observation on 10/20/21 at 9:40 a.m., Resident #49 was sitting in wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an observation on 10/21/21 at 9:14 a.m., was sitting in her wheelchair. Resident #49's right hand was tightly contracted. Her fingernails pushed into the palm of her hand. There was a carrot (a device used to help/prevent contractures) laying on Resident # 49's nightstand. During an interview on 10/21/21 at 9:29 a.m., NA K said she was providing care for Resident #37 and #49. NA K said the charge nurse was responsible for ensuring contracture prevention devices were applied. NA K said she did not put any device on Resident #37 left hand or in Resident #49 right hand when she provided care for her. During an interview on 10/21/21 at 9:46 a.m., CNA L said she was providing care for Resident #37 and #49. CNA L said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied. CNA L said she was not aware that Resident #37 and #49 had a contracture prevention device for their hands. CNA L said she does not have access to residents' chart because the kiosk that the facility has for the aides to chart and review residents' records has been down for a while. CNA L said the facility nursing department was aware of the issue. CNA L said she report to the charge nurse, and the charge nurse will chart what tasks she completed. During an interview on 10/21/21 at 10:02 a.m., CNA M said she was providing care for Resident #37 and #49. CNA M said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied. CNA M said she was not aware that Resident #37 and #49 had a contracture prevention device for their hands. CNA M said she does not have access to residents' chart because the kiosk that the facility has for the aides to chart and review residents' records has been down. CNA M said she report to the charge nurse throughout the day what tasks has been completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/21/21 at 10:28 a.m., OTR N (registered occupational therapy) said the charge nurse and aides was responsible for ensuring contracture prevention devices were applied to Resident #37 and #49. OTR N said placing the carrot in Resident #49 right hand also keep her nails from been imbedding in her hand. OTR N said the contracture prevention device prevent the contractures from getting worse. During an interview on 10/21/21 at 10:52 a.m., Agency LVN H said nurses and therapy was responsible for ensuring contracture prevention devices were applied. Agency LVH H said it was important that Resident #37 and #49 contracture prevention was applied to their hands to prevent the contractures from getting worse. During an interview on 10/21/21 at 1:07 p.m., RN G said the nurses and aides was responsible for ensuring the carrot was placed in Resident #49's right hand and the charge nurse was responsible for ensuring the splint was placed on Resident #37's left hand. RN G said the charge nurses were responsible for telling the CNA's what residents required a contracture prevention device. RN G said the contracture prevention device prevent the contractures from getting worse. During an interview on 10/21/21 at 1:36 p.m., the DON said the charge nurse was responsible for ensuring the resident contracture prevention devices were applied. The DON said she has only been at this facility for two weeks and she will be reviewing residents' chart daily and making rounds to ensure the resident contracture prevention devices were applied. The DON said she does not know why the aides were not able to document or review residents' charts in PCC. During an interview on 10/21/21 at 1:52 p.m., the Regional [NAME] President said he does not know a lot about the clinical side of nursing, but he would expect that the nurses, aides and therapy was for ensuring the resident contracture prevention devices were applied. The regional vice president said the aides should be in-serviced prior to placing the splint on Resident #37 left hand but they can place the carrot in Resident #49 right hand. He said aides should be able to document and review residents' chart in PCC as of today. The regional vice president said they were having some issues, but it has been resolved. The regional vice president said the DON will be monitoring the charge nurse and aides by making rounds to ensure the ensure the resident contracture prevention devices were applied. During an interview on 10/21/21 at 3:31 p.m., the DON said there was no policy and procedure regarding contractures devices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42064 43047 44637 Based on observations, interview and record review the facility failed to ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice for 5 of 18 residents (Resident #30, Resident #1, Resident #2, Resident #12, and Resident #37) in the sample. The facility failed to ensure Resident #30 had replacement tracheostomy supplies (inner cannulas or tracheostomy tubes) in the facility or at the bedside and a bag valve mask (handheld device used to provide rescue breaths during cardiac pulmonary resuscitation) at the bedside. The facility failed to ensure Resident #2, Resident #12, Resident #1, and Resident #37's oxygen concentrator filters were cleaned for 4 days. The facility did not ensure Resident #37's oxygen tubing was change weekly. This failure resulted in an identification of an Immediate Jeopardy (IJ) at 5:19 p.m. on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at no actual harm that is not immediate jeopardy with a scope identified as patterned due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. The failure could place residents at risk of respiratory infection, respiratory distress, and death. Findings included: 1. Record review of the consolidated physician orders dated [DATE] indicated Resident #30 was [AGE] years old, admitted to the facility on [DATE] with diagnoses including chronic respiratory failure, anxiety disorder, cardiac arrest due to underlying cardiac condition, tracheostomy status, and hypoxic ischemic encephalopathy (a type of brain disorder that occurs when the brain does not receive enough oxygen or blood flow for a period of time). Record review of the MDS dated [DATE] indicated Resident #30 sometimes understood others and sometimes made herself understood. The MDS indicated Resident #30 had moderate cognitive impairment with a BIMS score of 08. the MDS indicated Resident #30 was independent with bed mobility, locomotion on and off the unit, walking in room and in the corridor, transfers, dressing, eating, toilet use, and personal hygiene. The MDS indicated Resident #30 required special treatments of oxygen therapy, suctioning, and tracheostomy care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of the care plan revised on [DATE] indicated Resident #30 had a tracheostomy. The care plan indicated interventions included keep an extra trach tube and obturator (is used to insert a trach tube. It fits inside the tube to provide a smooth surface that guides the tracheostomy tube when it is being inserted.) at bedside; if the tube is coughed out, open stoma with hemostat; if tube cannot be reinserted, monitor/document signs of respiratory distress; obtain medical help immediately. Record review of the nursing progress note dated [DATE] stated Resident returned from procedure (Flex bronchial, tracheal dilation) with no new orders and no documentation. Per family the physician reported she will need a tracheostomy the remaining of her life due to the stenosis (narrowing) descends further down the airway than anticipated. Record review of the nursing note date [DATE] stated, removed one side of strap on trach, pt. did deep cough and trach came all the way out, cleaned with NS and gently applied lubricant and quickly got trach back in to prevent closure, trach site did have a little bleeding, ADON came to assist cleaning inner nasal cannula and was notified of situation. During an interview and observation on [DATE] at 11:36 a.m. LVN A was performing trach care on Resident #30. During trach care LVN A dropped inner cannula on the floor, picked it up, got a new trach kit, cleaned inner cannula that had been on the floor, and inserted into trach. LVN A said the facility did not have any trach replacement supplies for resident #30. LVN A said the inner cannulas and trach tubes in the facility were not compatible with Resident #30's trach. During an interview on [DATE] at 02:00 p.m. LVN A said Resident #30 would require rescue breathing via a bag valve mask through her tracheostomy in the event she needed cardiac pulmonary resuscitation. During an interview on [DATE] at 02:01 p.m. the DON said Resident #30 would require rescue breathing via a bag valve mask through her tracheostomy in the event she needed cardiac pulmonary resuscitation. During an interview and observation on [DATE] at 02:09 p.m. LVN A took the surveyor to the oxygen supply room to show there were no replacement supplies for Resident #30. LVN A verified after looking in oxygen supply room there were no tracheostomy replacement supplies in the facility for Resident #30. During an interview and observation on [DATE] at 02:19 p.m. LVN B took the surveyor to the oxygen supply room to show there were no replacement supplies for Resident #30. LVN B took the survey to Resident #30's room and verified there were no replacement supplies or bag valve mask at the bedside. During an interview on [DATE] at 03:02 p.m. LVN B said when she looked for replacement inner cannula there was not a replacement tracheostomy tube in the facility for Resident #30. LVN B said the only tracheostomy tube in the facility was a size 8 and resident's trach size was 6. LVN B said that a size 8 was not compatible with Resident #30 size 6 tracheostomy tube. During an interview on [DATE] at 03:15 p.m. RN C, Regional Director of Clinical Operations said she expected the facility to have emergency tracheostomy equipment at the Resident #30's bedside including a tracheostomy tube one size smaller than in the resident and a bag valve mask. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 3:26 p.m. LVN D said Resident #30's tracheostomy tube size was a 6. LVN D said there was not a replacement tracheostomy tube or inner cannula in the facility compatible with Resident #30's tracheostomy site. LVN D said she had received tracheostomy training at the facility. LVN D said the tracheostomy training included what emergency equipment should be at the bedside. LVN D said emergency tracheostomy equipment that should be at the bedside was an inner cannula, a tracheostomy tube the same size as in the resident, and bag valve mask, and oxygen. During an interview on [DATE] at 3:23 p.m., the DON said in the event of an emergency with Resident #30 that staff would immediately begin CPR via bag valve mask to her trach. The DON said she was under the impression that the facility had the correct size tracheostomy tubes and inner cannulas for Resident #30 in the facility. The DON said she was informed today they did not have the correct size tracheostomy tubes and inner cannulas in the facility for Resident #30. The DON said that the facility was finding emergency replacement equipment compatible with Resident #30's tracheostomy at this very moment. The DON said she expected an emergency replacement equipment including an inner cannula, tracheostomy tube, and bag valve mask to be at Resident #30's bedside. During an interview on [DATE] at 04:45 p.m. RT E said she had performed tracheostomy care training at the facility in [DATE]. RT E said she was not aware if the facility had a tracheostomy resident or not during when she gave the training. RT E said she informed the facility during training to keep at bedside at all times an inner cannula and replacement tracheostomy tube compatible with the resident's tracheostomy site for emergency circumstances. RT E said she recommended a bag valve mask being at bedside at all times. RT E said the replacement inner cannula and tracheostomy tube needs to be at bedside at all times because if the trach became occlude or came out the resident could die. 2. Record review of the consolidated physicians orders dated [DATE], indicated Resident #2 was [AGE] years old, admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, type 2 diabetes, major depressive disorder, hypertension, atrial fibrillation, heart failure, dyspnea, shortness of breath, and dependence on supplemental oxygen. The orders did not address cleaning the oxygen concentrator filters. Record review of the MDS dated [DATE], indicated Resident #2 made himself understood and understood others. The MDS indicated Resident #2 required extensive assistance with bed mobility, dressing, toileting and personal hygiene. The MDS indicated Resident #2 required extensive assistance with bed mobility, dressing, toileting and personal hygiene. The MDS indicated Resident #2 required oxygen. The MDS did not address cleaning oxygen concentrator filters. The MDS indicated Resident #2 had a BIMS (brief interview for mental status) score of 13 (Cognitively intact). The care plan dated [DATE] indicated Resident #2 had an ADL self-care performance deficit related to poor endurance, and weakness. The care plan indicated resident #2 required extensive assistance with transfers, toileting, personal hygiene, bathing, dressing and bed mobility. The care plan did not address Resident #2's oxygen. During an observation on [DATE] at 11:26 a.m., Resident #2's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:50 a.m., Resident #2's oxygen concentrator filter had a thin layer of dust. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an observation on [DATE] at 9:53 a.m., Resident #2's oxygen concentrator filter had a thin layer of dust. During an observation and interview on [DATE] at 9:30 a.m., Resident #2's oxygen concentrator filter had a thin layer of dust. Resident #2 was wearing his oxygen and said he was unaware if the staff changed or cleaned the filter on the concentrator or not. 3. Record review of the consolidated physicians' orders dated [DATE] indicated Resident #12 was [AGE] years old, admitted on [DATE] with diagnosis including dementia without behavioral disturbances, dysphagia, cognitive communication deficit, major depressive disorder, anxiety disorder, chronic obstructive pulmonary disorder and hypertension. The orders indicated Resident #12 required oxygen at 2 liters per nasal canula as needed for shortness of breath. Record review of the most recent MDS dated [DATE] indicated, Resident #12 made herself understood and understood others. The MDS indicated Resident #12 required supervision for transfers, dressing, eating, toileting and personal hygiene. The MDS did not address Resident #12's oxygen. The MDS indicated Resident #12 had a BIMS score of 8 (moderate cognitive impairment). Record review of the most recent care plan dated [DATE] indicated, Resident #12 had asthma and required oxygen as needed. The care plan did not address cleaning Resident #12's oxygen concentrator filters. During an observation on [DATE] at 11:28 a.m., Resident #12 was wearing her oxygen. Resident #12 said the staff changed the tubing to her oxygen weekly but she was unsure if they did anything with the filter. The oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 10:00 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:50 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:35 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. 4. During record review of the consolidated physicians' orders dated [DATE], indicated Resident #1 was [AGE] years old, admitted on [DATE] with diagnosis including chronic obstructive pulmonary disease, major depressive disorder, Alzheimer's disease, chronic pain syndrome, dementia and generalized anxiety disorder. The physician's orders indicated Resident #1 required oxygen at ,d+[DATE] liters as needed for shortness of breath During record review of the MDS dated [DATE] indicated Resident #1 made herself understood and understood others. The MDS indicated Resident #1 did not reject care. The MDS indicated Resident #1 required extensive assistance for bed mobility, transfers and eating. The MDS indicated Resident #1 required total dependence for dressing, toileting and personal hygiene. The MDS indicated Resident #1 required oxygen therapy. The MDS indicated Resident #1 required oxygen therapy. The care plan did not address cleaning the oxygen concentrator filter. The MDS indicated Resident #1 had a BIMS (brief interview for mental status) score of 9 (severe cognitive impairment). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During record review of the care plan dated [DATE], indicated Resident #1 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to disease process and physical limitations. The care plan indicated Resident #1 had a self-care performance deficit related to impaired cognition, and late effects of CVA, hemiplegia and hemiparesis. The care plan indicated Resident #1 required extensive assistance of 1 to 2 staff members for bathing/showering, transfers and bed mobility. The care plan indicated Resident #1 required the extensive assistance of one staff member for personal hygiene. During an observation and interview on [DATE] at 11:23 a.m., Resident #1 was lying in bed with wearing her oxygen. Resident #1 said she did not know about the oxygen concentrator filters. Resident #1's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 11:00 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:55 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:55 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an observation on [DATE] at 9:25 a.m., Resident #12's oxygen concentrator filter had a thin layer of dust. During an interview on [DATE] at 9:45 a.m., RN G said oxygen concentrators were to be cleaned on the 10 p. m.- 6 a.m. shift by the charge nurses. RN said dirty oxygen concentrator filters could cause bacteria to buildup in the machine. During an interview on [DATE] at 9:55 a.m., LVN H said oxygen concentrator filters should be cleaned at least weekly and as needed. LVN H said she was an agency nurse and was unsure what the facilities exact policy was on cleaning the oxygen filters. She said dirty oxygen filters could cause a buildup that could break the oxygen concentrator or maybe even be a fire hazard. During an interview on [DATE] at 10:00 a.m., RN Q said charge nurses were responsible for ensuring the oxygen concentrator filters were clean. RN Q said dirty oxygen concentrator filters could cause the resident not to get adequate airflow. RN Q said the filters should be cleaned weekly. During an interview on [DATE] at 1:30 p.m., the DON said oxygen concentrator filters should be cleaned every Sunday. She said she and the assistant director of nurses were responsible for ensuring the filters were cleaned appropriately. The DON said she was not aware of any issues arising from the oxygen concentrator filters being dirty. During an interview on [DATE] at 2:45 p.m., the executive vice president of operations said he would divert questions regarding oxygen concentrators filters to the DON but said it would vary depending on how much the concentrator were being used. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5. Record review of consolidated physician orders dated [DATE] indicated Resident #37 was [AGE] years old, readmitted on [DATE] with diagnoses including dementia, dependence on supplemental oxygen, flaccid hemiplegia affecting left dominant side (muscle tone is lacking in the affected muscles), congestive heart failure, muscle weakness, hypertension, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side, and unspecified convulsions. The orders indicated o2 (oxygen) at 2 liters via nasal cannula continuously (start date [DATE]). The orders indicated to change o2 tubing and H20 (water) on Sunday evening. (start date [DATE]). Record review of the most recent comprehensive MDS dated [DATE] indicated Resident #37 made herself understood and understood others. Resident #37 had a BIMS (brief interview for mental status) score of 13 which indicated Resident #37 was cognitively intact. The MDS indicated Resident #37 did not reject care necessary to achieve the resident's goals for health or well-being. The assessment indicated Resident #37 required extensive assistance with bed mobility, transfers, dressing, toileting, personal hygiene and bathing; supervision with eating. The MDS indicated Resident #37 had an impairment on one side of her upper extremity. The MDS indicated Resident #19 received oxygen therapy. Record review of the care plan revised on [DATE] indicated Resident #37 received oxygen therapy. Interventions: oxygen stings: 02 via nasal prongs at 2 liters per order. The care plan did not address the oxygen concentrator filter or the oxygen tubing. Record review of the licensed medication administration record dated [DATE]-[DATE] indicated Resident #37 oxygen tubing was changed, and initialed by the nurse on [DATE], [DATE] and [DATE]. During an observation and interview on [DATE] at 10:58 a.m., Resident #37 was lying in bed completing a word puzzle and oxygen was being used by the resident via nasal cannula. The oxygen concentrator filter was covered in a thick layer of dust. The oxygen concentrator tubing was dated [DATE] and the portable oxygen tubing was dated [DATE]. During the observation Resident #37 was using the oxygen concentrator nasal tubing. Resident #37 said she used her oxygen all the time due to shortness of breath. During an observation on [DATE] at 3:10 p.m., Resident #37 was sitting in her wheelchair watching t.v. and oxygen was being used by the resident via nasal cannula. The oxygen concentrator filter was covered in a thick layer of dust. The oxygen concentrator tubing was dated [DATE] and the portable oxygen tubing was dated [DATE]. During the observation Resident #37 was using the oxygen concentrator nasal tubing. During an observation on [DATE] at 9:50 a.m., Resident #37 was lying in bed completing a word puzzle and oxygen was being used by the resident via nasal cannula. The oxygen concentrator filter was covered in a thick layer of dust. The oxygen concentrator tubing was dated [DATE] and the portable oxygen tubing was dated [DATE]. During the observation Resident #37 was using the oxygen concentrator nasal tubing. Resident #37 said she used her oxygen all the time due to shortness of breath. During an observation on [DATE] at 2:30 p.m., Resident #37 was sitting in her wheelchair completing a word puzzle and oxygen was being used by the resident via nasal cannula. The oxygen concentrator filter was covered in a thick layer of dust. The oxygen concentrator tubing was dated [DATE] and the portable oxygen tubing was dated [DATE]. During the observation Resident #37 was using the portable oxygen concentrator nasal tubing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an observation and interview on [DATE] at 2:45 p.m., LVN P said the night nurse on Sunday nights were responsible for ensuring that filters were clean, and the nasal cannula tubing was changed and dated. LVN P observed Resident #37 oxygen concentrator tubing dated [DATE] and the portable oxygen tubing dated [DATE]. LVN P said it was important for the nasal cannula tubing to be changed weekly to prevent bacteria from entering the resident. During an interview on [DATE] at 10:52 a.m., Agency LVN H said the night nurse on Sunday nights were responsible for ensuring that filters were clean, and the nasal cannula tubing was changed and dated. Agency LVN H said it was important for oxygen concentrator filters to be clean to prevent dirt and bacteria from entering the nasal cannula and it keep the concentrator functioning. Agency LVN H said it was important for nasal cannula tubing to be changed weekly and dated to prevent a respiratory infection. During an interview on [DATE] at 1:07 p.m., RN G said the night nurse on Sunday nights were responsible for ensuring that filters were clean, and the nasal cannula tubing was changed and dated. RN G said it was important for oxygen concentrator filters to be clean and nasal cannula tubing to be changed weekly to prevent bacteria from entering the lungs and put Resident #37 at risk for a respiratory infection. During an interview on [DATE] at 1:36 p.m., the DON would not give the surveyor an exact day or shift that the filter should be cleaned, or nasal cannula tubing changed and dated. The DON said the charge nurse is responsible for ensuring that filters were clean, and the nasal cannula tubing was changed and dated. The DON said she was not aware of any issues arising from the oxygen concentrator filters being dirty. During an interview on [DATE] at 1:52 p.m. the Regional [NAME] President said the night nurse on Sunday nights were responsible for ensuring that filters were clean, and the nasal cannula tubing was changed and dated. The regional vice president said it was important for oxygen concentrator filters to be clean and nasal cannula tubing to be changed weekly to prevent bacteria from entering the lungs and put Resident #37 potentially at risk for a respiratory infection. During an interview on [DATE] at 3:31 p.m., the DON said there was no policy and procedure regarding oxygen concentrator filter or oxygen nasal tubing. Record review of Tracheostomy Care Instructions dated [DATE] provided by the facility stated, .For safety, you should always have a spare tracheostomy tube that is the same size and type as the one currently in the neck available . Record review of https://opentextbc.ca/clinicalskills/chapter/,d+[DATE]-tracheostomies/ accessed on [DATE] indicated, .Emergency supplies at the bedside must include the following: 1. Suction equipment 2. Oxygen equipment with humidification 3. An emergency bag containing (see Figure 10.3): Two replacement tracheostomy tubes (one of the same size, and one a smaller size than the current tube) Obturator and spare inner cannula 10 ml syringe (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Tracheal tube exchanger Tracheal dilators Sterile gloves Water-soluble lubricant If the open stoma is below the sternal notch, an endotracheal tube as per the ENT physician . The administrator was notified on [DATE] at 05:19 p.m. that an Immediate Jeopardy situation was identified due to the above failure. The administrator was provided the Immediate Jeopardy template on [DATE] at 05:25 p.m. The facility's Plan of Removal was accepted on [DATE] at 02:19 p.m. and included: Resident #30 was assessed on [DATE] @ 7:00pm by a License nurse and found to be stable with vitals of T-97.8 P 76- R 16- BP ,d+[DATE]-, Tracheostomy Shiley 6mm permanent non-disposable inner locking cannula in place and stable with O2 saturation of 100% on room air. No distress noted. Bag valve mask bag place / stored at bedside on [DATE] @ 19:00pm by the license nurse. Replacement Tracheostomy kits of Shiley 4mm and Shiley 6mm permanent non-disposable inner locking cannula obtained and placed at bedside on [DATE] at 19:45 by the Interim Director of Nursing Services. Director of Clinical Education provided education to license nurses currently working at 19:45 regarding the expectations to ensure and maintain replacement tracheostomy kits and bag valve mask at bedside that are compatible with current inner cannula. License nurses to receive education prior to beginning shift any license nurse who has not received education will not be allowed to start work without completion of education prior to clocking in. 67% of the nurses have been educated regarding having the correct equipment at bedside for the resident. A focused QAPI meeting addressing the finding was initiated and completed on [DATE] with the attendance of the Administrator, Interim DNS, Director of Clinical Operations and Medical Director. On [DATE] the surveyor confirmed the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy (IJ) by: Interviews of nursing staff (3-nurses on the 06:00 a.m.-02:00 p.m. shift; 3-nurses on the 08:00 a.m.-05:00 p. m. shift; 3-nurses on the 02:00 p.m.-10:00 p.m. shift; 2-nurses on the 10:00 p.m.-06:00 a.m.) were performed. During these interviews' nurses stated correctly what the correct replacement tracheostomy equipment was, where it was placed, and that it should not be removed from the bedside or Resident #30's room. During an observation [DATE] at 02:49 p.m. the appropriate emergency tracheostomy equipment was at Resident #30's bedside. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 03:52 p.m., the Administrator was informed the IJ was removed; however, the facility remained out of compliance no at actual harm that is not immediate jeopardy with a scope identified as isolated due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44637 Based on interview and record review, the facility failed to ensure dialysis service were provided consistently with professional standards of practice for 1 of 1 resident reviewed for dialysis services. (Resident #36) The facility did not provide ongoing assessments after Resident #36's dialysis treatments and did not keep ongoing communication with the dialysis facility. This failure could place residents who received dialysis at risk for complications and not receiving proper care and treatment to meet their needs. Findings included: 1. Record review of consolidated physician ordered dated 10/21/2021 indicated Resident #36 was [AGE] years old, readmitted on [DATE] with diagnosis including Dependence on Renal Dialysis, Acute Kidney Failure, Dementia, Diabetes Type 2, Chronic Kidney Disease, Stage 4 (Severe), Acquired Absence of Left Leg Below Knee (Amputation), and Acquired Absence of Right Leg Above Knee (Amputation). Physician orders indicated Resident #36 had an order for Dialysis every Monday, Wednesday, and Friday at 11:30 a.m. at the local dialysis center. Physician orders indicated Resident #36 had an order to have a complete set of vital signs every day shift. Record review of the MDS dated [DATE] indicated Resident #36 had moderate cognitive impairment and received dialysis treatments during the 7 day look back period. Record review of the comprehensive care plan updated 09/03/21 indicated Resident #36 had alteration in kidney function due to end stage renal disease as evidenced by hemodialysis. Interventions included check access site daily for signs of infection, observe for post dialysis hang over-vital signs, mental status, excessive weight gain between treatment, nausea, vomiting, weakness, headache, and severe leg cramps, and observe for signs and symptoms of bleeding. Record review of the medical record for Resident #36 indicated there were no documented before and after assessments and ongoing communication with the dialysis service for Resident #36 on the following dates in which he had dialysis services provided: *Monday-09/13/21 *Wednesday-09/15/21 *Friday-09/17/21 *Monday-09/20/21 *Wednesday-09/22/21 *Friday-09/24/21 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Monday-09/27/21 *Wednesday-09/29/21 *Friday-10/01/21 *Monday-10/04/21 *Wednesday-10/06/21 *Friday-10/08/21 *Monday-10/11/21 *Wednesday-10/13/21 *Friday-10/15/21 *Monday-10/18/21 Record review of progress notes for Resident #36 indicated he went to dialysis on 09/22/21, 09/27/21, and 10/13/21. There were no documented before and after assessments and ongoing communication with the dialysis service for Resident #36 on the above dates During an interview on 10/20/21 at 12:09 p.m. LVN A said the dialysis communication forms were kept in the dialysis communication book or in the medical chart for Resident #36. LVN A said there should be a dialysis communication form (form which documents assessments in the facility and at the dialysis center before and after treatment) for everyday Resident #36 went to dialysis. LVN A said the last dialysis communication form in the chart was dated 09/10/2021. LVN A said if the dialysis center did not send the form back to the facility with the resident the facility should have called and had it faxed to them. During an interview on 10/20/21 at 12:29 p.m. RN F nurse for the local dialysis center said Resident #36 had not missed any dialysis appointment since 09/10/21. RN F said the facility did not always send a dialysis communication form with Resident #36 to his dialysis appointments. RN F said when the facility did send a dialysis communication form with Resident #36 it should have been filled out by the dialysis center and sent back to the facility with Resident #36. During an interview on 10/21/21 at 09:07 a.m. RN G said Resident #36 should have a dialysis communication form filled out by the facility prior to and after each dialysis appointment. RN G said the dialysis communication form included a pre and post dialysis assessment by the facility of Resident #36. RN G said if the dialysis center did not send the dialysis communication form back with Resident #36 the nurse taking care of him should call and have it faxed to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/21/21 at 01:17 p.m. the DON said she expected the nurses to perform a pre and post dialysis assessment on Resident #36. The DON said the assessment should be documented in Resident #36's medical record. The DON said if the dialysis center did not send the dialysis communication form back with Resident #36 the nurse should have requested it to be faxed to the facility. The DON said there should be a dialysis communication form for each dialysis appointment. The DON said if a pre or post dialysis assessment was not performed by the nurses the facility could have missed a changed in condition for Resident #36. During an interview on 10/21/21 at 3:31 p.m. the DON said the facility did not have a policy on Dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41312 Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service in 1 of 1 kitchen. The facility did not ensure food items were labeled and dated The facility did not ensure the dry food storage area was free from pests. These failures could place residents at risk of cross-contamination and foodborne illness. Findings included: During an observation on 10/18/21 at 10:00 a.m., the following was noted: *sliced tomatoes on a black Styrofoam plate were stored in an opened cardboard box in a refrigerator, and were not labeled, dated, or in a sealed container. *4 of 8 green bell peppers were moldy with a liquid substance in the bottom of the bag, in a refrigerator, and were note dated, *half used container of chicken base, in a refrigerator, was not dated, *the dry storage room had many mice droppings in a corner and inside a plastic food container that contained peanut butter crackers. There were approximately 25 mice droppings in the bottom of the container and approximately 15 mice droppings on top of the peanut butter crackers; and *pitchers of milk, orange juice, and cranberry juice were not labeled or dated. During an interview on 10/18/21 at 11:20 a.m., the FSS said that she had been working at the facility for approximately 2 weeks and was still getting to know the procedures of different things. The FSS said she knew she had a lot of work to do at the facility and a lot of changes needed to be made. The FSS said anything in the refrigerator should be labeled, dated, and secured in a container. She said the risk of not completing that was contamination of food. The FSS said she was not aware of a pest issue and it had not been reported to her since she started. She said there was a cleaning schedule, but she did not know or have a copy of the schedule. During an interview on 10/18/21 at 1:20 p.m., the regional FSS said she was not aware of a pest issue but that she expected food items to be labeled, dated, and stored in a container. The regional FSS said the DM was responsible training kitchen staff on reporting of any abnormal findings, labeling, and dating of items. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 10/20/21 at 10:30 a.m., the maintenance director said he was aware of a pest issue in the kitchen but that he had not been told of further incidents since 9/15/21. He said that pest control treats monthly, and he had placed glue traps in the kitchen and the last known activity was on 9/15/21. A food storage: cold foods policy updated April 2018 indicated, .All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. A food storage: dry goods policy updated September 2017 indicated, .The Dining Services Director or designee regularly inspects the dry storage to ensure it is well lit, well ventilated and not subject to sewage or wastewater back flow or contamination by condensation, leakage, rodents or vermin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41312 Based on observation, interview and record review, the facility failed to maintain an infection control program to provide a safe, comfortable and sanitary environment and to help prevent the development and transmission of communicable diseases and infection for three of eighteen residents (#67 and #17) reviewed for infection control. The facility failed to ensure LVN S cleaned the bedside table before placing clean supplies on the table. The facility failed to ensure LVN S performed hand hygiene between glove changes when providing peri-care to Resident #67. The facility failed to ensure LVN S removed the soiled draw sheet from Resident #67's bed after completing incontinent care. The facility failed to ensure suction equipment including collection canisters, tubing, and yankauers (oral suctioning tube) were emptied, cleaned, and dated after each use for 1 of 2 residents (Resident #17) observed for suctioning. These deficient practices could place residents at risk for spread of infection and cross contamination. Findings included: 1. Consolidated physician orders dated 10/21/21 indicated Resident #67 was [AGE] years old and admitted to the facility on [DATE] with diagnoses of dementia with behaviors, Type II Diabetes Mellitus, chronic kidney disease, Hypertension (high blood pressure). The MDS dated [DATE] indicated Resident #67 usually made herself understood, usually understood others, and had severely impaired cognition. The MDS indicated Resident #67 required extensive assistance with all ADL care and was always incontinent of bowel and bladder. The care plan dated 10/05/21 indicated Resident #67 had an ADL self-care deficit and required extensive assistance with toileting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/18/21 at 11:31 a.m., LVN S entered Resident #'s room with only an adult brief and laid it on her bedside table. LVN S then left Resident #'s room and brought back wipes and gloves. LVN S performed hand hygiene, informed Resident #67 what she was about to do, and then Resident #67 removed her right hand from under her blanket and placed 2 formed balls of stool directly next to her clean brief. LVN S did not stop the incontinent care to remove the stool or clean the table. LVN S removed the previous brief and began cleaning Resident #67. LVN S turned Resident # onto her left side and continued to clean stool off of the buttocks of Resident #67 then she turned her to her right side removing the soiled brief. LVN S removed her dirty gloves and replaced them with new gloves. LVN S placed the new brief onto the soiled draw sheet and turned Resident #67 to position and secure the brief in place. LVN S assisted Resident #67 to the side of the bed and transferred her to her wheelchair. LVN S threw the stool into the trash with her gloved right hand and then and removed the bag. During an interview on 10/18/21 at 11:49 a.m., LVN S said she was working as an aide on the secured unit but that she was also the memory care director. LVN S said that she did not think to clean the bedside table prior to placing the brief onto the table. LVN S said she thought the bowel movement was breakfast until she completed the incontinent care and realized what it actually was. LVN S said she was nervous and forgot to perform hand hygiene after cleaning Resident #. She said she had been in-serviced previously on the correct way to perform incontinent care. LVN S said she did not know why she did not remove the soiled draw sheet but that she had been trained to do so. During an interview on 10/21/21 at 9:40 a.m., CNA M said that she had been in serviced upon hire and at least every couple of months on providing incontinent care. She said that you should always perform hand hygiene after cleaning the resident to prevent cross contamination. CNA M said she was taught to clean the table prior to placing items on the surface and that when you are changing a resident you change all the linen that is soiled not just the brief. CNA M said she has been checked off on the task before but did not remember when. During an interview on 10/21/21 at 2:40 p.m., the interim DON said she expected hand hygiene to be completed after going from a dirty area to a clean area. 44637 2. Record review of consolidated physician ordered dated 10/21/2021 indicated Resident #17 was [AGE] years old, readmitted on [DATE] with diagnosis including Dementia, Diabetes Type 2, Lack of Coordination, Aphasia (loss of ability to understand or express speech), and Muscle Weakness. Physician orders indicated Resident # 17 was admitted to hospice services on 08/20/2020. Physician orders indicated Resident #17 had an order to suction oral cavity as needed due to oral secretions. Record review of the MDS dated [DATE] indicated Resident #17 had severe cognitive impairment with a BIMS score of 99 (BIMS of 99 indicates the brief interview for mental status was unable to be completed). The MDS indicated Resident #17 has total dependence for transferring, eating, toileting, dressing, and be mobility. Record review of the comprehensive care plan updated 09/29/21 indicated Resident #17 had an activities of daily living self-care deficit. The care plan indicated Resident #17 was bed/chair fast and required total assistance with activities of daily living. The care plan indicated Resident #17 required peg tube feeding related to resisting eating and decline in cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/18/21 at 11:05 a.m. Resident #17 had a suction machine on bedside table with 200ml of yellow tinged fluid in the suction collection canister and yankauer (oral suctioning tube) attached to machine sitting in undated, opened package. During an observation on 10/18/21 at 01:52 p.m. Resident #17 had a suction machine on bedside table with 200ml of yellow tinged fluid in the suction collection canister and yankauer (oral suctioning tube) attached to machine sitting in undated, opened package. During an observation on 10/19/21 at 09:37 a.m. Resident #17 had a suction machine on bedside table with 200ml of yellow tinged fluid in the suction collection canister and yankauer (oral suctioning tube) attached to machine sitting in undated, opened package. During an observation on 10/19/21 at 11:07 a.m. Resident #17 had a suction machine on bedside table with 200ml of yellow tinged fluid in the suction collection canister and yankauer (oral suctioning tube) attached to machine sitting in undated, opened package. During an interview on 10/19/21 at 11:36 a.m. LVN A said yankauers should be changed after every use for suctioning. LVN A said suction collection canisters should be emptied after every suctioning and changed weekly. LVN A said Resident #17's suction collection canister should have been emptied after last use. LVA A said she was the nurse taking care of Resident #17 at the time of the interview. LVN A said nurses perform suctioning on residents as ordered. During an observation on 10/19/2021 at 12:00 p.m. LVN A entered Resident #17's room to administer medication and found Resident #17 with vomitus on her mouth and chest. LVN A suctioned Resident #17 with the Yankauer suctioning device sitting on the bedside table in an undated, open package and used the suction collection canister which had 200ml of yellow tinged secretion material already in the device. During an interview on 10/19/2021 at 12:27 p.m. LVN A said Resident #17 had been transferred to the emergency room . LVN A said Resident #17 was transferred to the emergency room because of the dark color and coffee ground consistency of her vomitus. During an interview on 10/21/2021 at 09:07 a.m. RN G said suction collection canisters should be removed after each use. RN G said if suction collection canisters are left with secretion in them bacteria can grow and possibly enter back into the resident. RN G said yankauers should be replaced after each suctioning. RN G said if the yankauers are not replaced bacteria growth could occur and enter back into the resident. During an interview on 10:21 a.m. LVN H said suction collection canisters should be emptied or replaced after each use. LVN H said suction tubing and yankauers should be cleaned after each use. LVN H said emptying, cleaning, and/or replacing suction collection canisters, suction tubing, and yankauers was part of infection control to prevent bacteria growth and the bacteria from entering the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676045	A. Building B. Wing	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Terrace Healthcare and Rehabilitation	2885 Stillhouse Road Paris, TX 75460

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/21/2021 at 01:17 p.m. the DON said suction collection canister should be changed weekly. The DON said it was not necessary to empty or replace the suction collection canisters after each use. The DON said there was no risk of bacteria growth contaminating the resident because it does not re-enter the resident. The DON said suction tubing and yankauers should be dated and changed weekly. The DON said she expected the suction tubing and yankauers to be changed after each use. During an interview on 10/21/2021 at 03:31 p.m. the DON said the facility did not have a policy regarding suctioning. Record review of https://www.olchc. ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Nasopharyngeal-Oropharyngeal-Suctioning.pdf accessed 10/22/21 indicated, .Dispose of all used equipment as clinical waste and decontaminate hands by washing with soap and water after performing oral/nasal suctioning . Record review of Infection Control policy dated 11/01/2017 indicated, .The objectives of our infection control policies and practices are to: a.) Prevent, identify, detect, investigate, report, and control infections in the center; b.) Maintain a safe, sanitary, and comfortable environment for team members, residents, volunteers, visitors, and the general public; c.) Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions; d.) Establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard and Transmission-Based Precautions; e.) Maintain records of the incidents and corrective actions related to infections; and f.) Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.