

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2022
NAME OF PROVIDER OR SUPPLIER Colonial Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 821 US Hwy 81 W New Braunfels, TX 78130	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722</p> <p>Based on interviews and record reviews the facility failed the ensure physician visits were conducted once every 60 days and did not occur within the 10 days after the date the visit was required for 8 of 53 residents (Resident # 106, Resident # 35, Resident #17, Resident 76, Resident #105, Resident #51, Resident # 116, and Resident #95) whose care was reviewed in that:</p> <p>The facility failed to have Resident # 106 seen by physician at least once every 30 days for the first 90 days after admission since 09/09/2021.</p> <p>The facility failed to have Resident # 95 seen by physician at least once every 30 days for the first 90 days after admission on 9/17/21. Resident #95 was last seen 10/14/2021.</p> <p>The facility failed to have Resident # 17 seen by physician at least every 60 days after the first 90 days after admission on 2/21/20. Resident #17 was last seen 10/14/2021.</p> <p>The facility failed to have Resident # 35 seen by physician at least every 60 days after the first 90 days after admission on 10/13/2021 since 10/14/2021.</p> <p>The facility failed to have Resident # 51 seen by physician at least every 60 days after the first 90 days after admission on 2/18/21. Resident #51 was last seen 09/09/2021.</p> <p>The facility failed to have Resident # 116 seen by physician at least every 60 days after the first 90 days after admission on .01/28/2019. Resident #116 was last seen on 09/09/2021</p> <p>The facility failed to have Resident #76 seen by physician at least every 60 days after the first 90 days after admission on 3/26/20. Resident #76 was last seen 09/09/2021.</p> <p>The facility failed to have Resident #105 seen by physician at least every 60 days after the first 90 days after admission on 6/5/2020. Resident #76 was last seen since 08/09/2021.</p> <p>This deficient practice could lead to a decline in health status or untreated conditions.</p> <p>The findings include:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per record review of Resident #106's Face Sheet, resident was admitted [DATE]. Diagnosis includes: Uncontrolled Electrical Brain Activity, Memory Loss, Depression, Acute Pain, Impaired Muscle Coordination. Per review of Minimum Data Set (MDS) Section C dated 1/5/2022, Brief Interview for Mental Status (BMS) score is 09 (Mildly Impaired). Per review of Physician Progress Notes resident #106 was last seen by primary physician on 09/09/2021.</p> <p>Per record review of Resident # 95's Face Sheet, resident was admitted on [DATE]. Diagnosis includes: Disease that affects the brain, Mental Illness, Low Blood Count, Depression, Nutritional Disorder. Per review of MDS section C dated 12/2/2021, BIMS score of 15 (Cognitively intact). Per review of Physician Progress notes resident#95 was last seen by primary physician on 10/14/2021.</p> <p>Per record review of Resident # 17's Face Sheet, resident was admitted on [DATE]. Diagnosis includes: Genetic Condition of extra chromosome, Difficulty swallowing, Unspecified Mental Disorder. Per review of MDS resident Section C dated 10/26/2021 BIMS Score of 99 (severely impaired). Per review of Physician Progress notes resident #17 was last seen by Primary Physician on 10/14/2021.</p> <p>Per record review of Resident #51's Face Sheet: resident was admitted on [DATE]. Diagnosis includes Progressive Mental Deterioration, Blood Sugar Disorder, Heart Failure, Paralysis on one side of the body. Per review of MDS section C dated 12/01/2021 BIMS score 03 (moderately impaired). Per review of Physician Progress notes Resident #51 was last seen by Primary Physician on 09/09/2021.</p> <p>Per record review of Resident #35's Face Sheet resident was admitted on [DATE] Diagnosis includes Acute neurological Condition, Depression, Anxiety, High Blood Pressure. Per review of MDS section C dated 11/13/2021, BIMS score 14 (Cognitively intact). Per review of Physician Progress notes, Resident #35 was last seen by Primary Physician on 10/14/2021.</p> <p>Per record review of Resident #116's Face Sheet, resident was admitted on [DATE] . Diagnosis includes Irregular Heart Rate, Poor blood Circulation. Per review of MDS section C dated 1/10/2022 BIMS score 99 (Severely impaired). Per review of Physician Progress notes, Resident #116 was last seen by Primary Physician on 6/10/2021.</p> <p>Per record review of Resident # 76's Face Sheet, resident was admitted on [DATE]. Diagnosis includes, Memory Loss, Lung Disease, Depressive Episode, Unspecified Mood Disorder. Per review of MDS section C dated 12/16/2021 BIMS score 99 (Severely impaired). Per review of Physician Progress notes, Resident #76 was last seen by Primary Physician on 9/9/2021.</p> <p>Per record review of Resident #105's Sheet, resident was admitted on [DATE]. Diagnosis includes, Difficulty Breathing, Difficulty Swallowing, Blood sugar Disorder Nicotine Dependence, High Blood Pressure. Per review of MDS section C dated 1/5/2022 BIMS score 15 (Cognitively intact). Per review of Physician Progress notes, Resident #105 was last seen by Primary Physician on 8/9/2021.</p> <p>During an interview on 01/21/2022 at 09:35 AM DON stated, Expectation of residents being seen by physician is Medicare residents seen monthly and Medicaid residents every 60 days. Medical Records should be tracking. I have great confidence that the residents are being seen. Their doctors are in the building all the time. DON did not state why the failure occurred.</p> <p>During an interview on 01/21/2022 at 09:40 AM ADON stated, I am unsure why the residents were missing their physician visits. The MD is coming today at noon and get all residents all caught up.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/21/2022 at 12:30 PM with Medical Director. My office keeps a spreadsheet of who needs to be seen each visit. I just feel bad that we are not caught up on our visits. I have been doing this for over [AGE] years, so I know when I am required to see my residents. I am here today to make rounds and get caught up.</p> <p>Per review of facility's policy statement Policy Title: Physician Services</p> <p>3. Supervising the medical care of the residents includes (but is not limited to):</p> <p>f. conducting routine required visits.</p> <p>6. Physician orders and progress notes are maintained in accordance with current OBRA regulations and Center policy.</p> <p>7. Physicians visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current OBRA regulations and Center policy. Revised October 2021</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44558</p> <p>Based on observation, interview and record review, the facility failed to store all drugs and biologicals in locked compartments and to permit only authorized personnel to have access to three of seven (Medication Cart for Hall A/B, Medication Cart for co-ed secure Unit, Medication Cart for Hall C) medication carts.</p> <p>The facility failed to ensure the medication cart for Hall A/B and the co-ed unit were secured at all times when left unattended.</p> <p>The facility failed to ensure opened medications were labeled with open dated and or expiration dates in medication carts for Hall C and Hall A/B.</p> <p>The facility failed to ensure that medications were not lose in the Hall A/B medication cart #1 drawers.</p> <p>These failures could place residents at risk of harm or decline in health due to lack of potency of supplies, medications/biologicals or misappropriation of medications, or drug diversions.</p> <p>The findings include:</p> <p>Per observation on 01/18/2022 at 10:57 AM medication cart for Hall A/B was unlocked and unattended at the nurse's station by the lobby of the facility for 10 minutes. There were 2 residents in the lobby at this time approximately 8 feet from the unattended medication cart. The closest nurse was approximately 6 feet away from the medication cart and not in proximity to intervene if a resident attempted to get into the medication cart.</p> <p>Medication Cart contained:</p> <p>Insulin, syringes, lancets, alcohol prep pads, tizanidine, ondansetron, baclofen, gabapentin, oxcarbazepine, benzotropine, prednisolone, quetiapine, risperidone, atorvastatin, metformin, divalproex, trazadone, amlodipine, mirtazapine, benazepril, clonidine, buspirone, Eliquis, cephalexin, pantoprazole, potassium ER, metoprolol tartrate, furosemide, fluoxetine, omeprazole, sevelamer, hydralazine, Montelukast, cyclobenzaprine, levetiracetam, folic acid, citalopram, carvedilol, APAP, hyoscyamine, glipizide, levothyroxine, famotidine, sucralfate, haloperidol, primidone, lisinopril, amitriptyline, spironolactone, losartan potassium, vitamin D2, stimulant plus, isosorbide, Levemir, Novolog, Lantus, Victoza, EC ASA, APAP, probiotic, naproxen, B complex, Thera M, melatonin, Vit B 12, Vit C, stool softener, zinc, Vit D, Thiamin B-1, allergy relief, stomach relief, loratadine, senna plus, calcium carbonate, mucous relief, gas relief, ipratropium bromide, Haldol concentrate, Maalox, Milk of Magnesium, Flonase nasal spray, albuterol inhaler, budesonide, diclofenac gel, Duo-neb, oxybutynin, donepezil, Zolof, KCL ER.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Per observation on 01/18/2022 at 3:57 PM medication cart for Hall A/B was observed unlocked and unattended at the nurse's station by the lobby for 5 minutes. The closest nurse to this medication cart was six feet away and not in proximity to intervene if a resident attempted to get into the medication cart. There were 2 residents sitting in chairs in the lobby, approximately 8 feet from the unattended medication cart.</p> <p>Medication Cart contained:</p> <p>Insulin, syringes, lancets, alcohol prep pads, tizanidine, ondansetron, baclofen, gabapentin, oxcarbazepine, benzotropine, prednisolone, quetiapine, risperidone, atorvastatin, metformin, divalproex, trazadone, amlodipine, mirtazapine, benazepril, clonidine, buspirone, Eliquis, cephalexin, pantoprazole, potassium ER, metoprolol tartrate, furosemide, fluoxetine, omeprazole, sevelamer, hydralazine, Montelukast, cyclobenzaprine, levetiracetam, folic acid, citalopram, carvedilol, APAP, hyoscyamine, glipizide, levothyroxine, famotidine, sucralfate, haloperidol, primidone, lisinopril, amitriptyline, spironolactone, losartan potassium, vitamin D2, stimulant plus, isosorbide, Levemir, Novolog, Lantus, Victoza, EC ASA, APAP, probiotic, naproxen, B complex, Thera M, melatonin, Vit B 12, Vit C, stool softener, zinc, Vit D, Thiamin B-1, allergy relief, stomach relief, loratadine, senna plus, calcium carbonate, mucous relief, gas relief, ipratropium bromide, Haldol concentrate, Maalox, Milk of Magnesium, Flonase nasal spray, albuterol inhaler, budesonide, diclofenac gel, Duo-neb, oxybutynin, donepezil, Zolof, KCL ER.</p> <p>Per observation on 01/19/22 at 03:47 PM the medication cart on Co-ed secure unit unlocked and unattended in hallway outside of rooms [ROOM NUMBERS] for 5 minutes. There were several residents in the dining area at the time. The dining area is approximately 8 feet from where the medication cart was located. The nurse was approximately 4 feet from the medication cart and not in proximity to intervene if a resident attempted to get into the medication cart.</p> <p>Medication Cart contained:</p> <p>Insulin, syringes, eye drops, Methotrexate, Zofran, scissors, Albuterol inhalers, Nebulizers, Hyoscyamine, Lidocaine patches, Nicoderm Patches, Glucose Gel, Hydrocortisone Suppository's, Promethazine, Metocaprynal, Enulose Solution, Tylenol 500, Milk of Mag, Melatonin, Benadryl, nystatin powder, saline, odor spray Hemorrhoid's cream, Muscle rub cream, Clotrimazole, Disinfectant</p> <p>Ativan, Hydrocodone with Tylenol 3, Tylenol 3 and 4, Temazepam, Clonazepam, Clorazepate, Methadone, Tramadol, Vimpat, Phenobarbital, Fycompa, Lyrica, Morphine soleplate tab, Temazepam, Morphine sulfate liquid,</p> <p>Per observation on 01/20/2022 2:05 PM of medication cart #2 for Hall C</p> <p>Third drawer revealed:</p> <p>1 bottle Valproic acid SLN with no open date or expiration date</p> <p>1 bottle of Lactulose solution with no open date or expiration date</p> <p>1 bottle of Levetiracetam with no open date or expiration date</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1 bottle Fluticasone spray no open date or expiration date</p> <p>1 open tube Muscle Rub with no open date or expiration date</p> <p>Per observation of medication cart #1 for Hall A/B on 01/20/2022 at 3:32 PM</p> <p>Top drawer contained:</p> <p>One Lispro Insulin bottle with no open date or expiration date</p> <p>One Victoza bottle with no open date or expiration date</p> <p>One Lantus Solostar insulin pen with no open date or expiration date</p> <p>One Novolog bottle with no open date or expiration date</p> <p>One Levemir bottle with no open date or expiration date</p> <p>Second drawer contained:</p> <p>One loose square pill with markings 54 on one side and X on other side.</p> <p>One loose round white pill scored on one side and starburst on other side.</p> <p>Third drawer contained:</p> <p>Two bottles of Lactulose with no open date or expiration date</p> <p>Two bottles of Haloperidol oral solution with not open date or expiration dates</p> <p>Per interview on 01/18/2022 at 10:57 AM ADON stated, The nurse for medication cart for Hall A/B went down the hall to see who was screaming and what they needed and forgot to lock the cart. She should have locked it before she left it. I don't know why she didn't lock it.</p> <p>Per interview on 01/18/2022 at 3:57 PM LVN D nurse for medication cart Hall A/B stated, I had just gone back to the nurses' station to double check a new order for a resident, my cart was where I could see it and no resident was around my cart. I just wanted to make sure that I gave the right medication, and I had the screen up at nurse's station and not on my computer on my medication cart. I know that I am supposed to have the cart locked unless I am pulling out meds.</p> <p>Per interview on 01/19/2022 at 09:21 AM RN B stated, Medication cart should be locked anytime I am not with it or right in front of it.</p> <p>Per interview on 01/19/2022 at 10:02 AM DON stated, I expect my nurses to keep the medication carts locked when not getting something out of them. I know yesterday the nurse left it unlocked because she heard a resident call out and she went to help the resident.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Per interview on 01/19/2022 10:10 AM RN B stated, I thought it (medication cart) was locked, I'm so nervous. I just sat down at the nurses' station to use the computer. I don't know why this happened.</p> <p>Per interview on 01/19/2022 at 3:45 PM LVN D stated, Opened bottles of insulin should have date opened and expiration date. Opened insulin expires in 28-30 days after opened. I don't know why these are not dated.</p> <p>Per interview on 01/19/22 at 03:47 PM LVN A stated, That it (medication cart) should be locked. I just forgot to do it. Important to keep medication cart locked because medications are stored in it. If residents got medications, there could be adverse effect of residents taking medicines that are not theirs.</p> <p>Per interview on 01/19/2022 at 03:55 PM ADON stated No idea what those pills are, I will put them in the sharps container. There should not be any loose pills in the medication cart. Not sure how this happened. The medication carts should be locked when not in use.</p> <p>Per interview on 01/20/2022 at 03:25 PM DON stated, I expect the nurses to clean the medication carts weekly and as needed. All medications should have an open date when it is opened, and Insulins should have an expiration date as per manufacturer's policy.</p> <p>Per review of facility's policy titled Security of Medication Cart policy statement:</p> <ol style="list-style-type: none"> 1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry. 4. Medication carts must be securely locked at all times when out of the nurse's sight. 5. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room. Revised April 2007 		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44728</p> <p>Based on observations, interviews, and record review the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen's reviewed for kitchen sanitation.</p> <p>The facility failed to ensure foods were sealed and/or labeled properly in refrigerators and freezers.</p> <p>These failures could place residents that eat out of the kitchen at risk for food borne illnesses.</p> <p>Findings included:</p> <p>Observation on 01/18/22 at 10:03 AM of the kitchen revealed:</p> <p>Refrigerator #2 of 2</p> <ol style="list-style-type: none"> 1. 1 opened package of diced ham dated 12/28/2021, that being more days allowed for opened refrigerated packages 2. 4 packages of Polish sausage in steel container, no receiving date. 3. 4 unopened packages of Frozen vegetables not dated. 4. 2 heads of lettuce in box, open to elements, not dated. 5. 1 container of peanut butter, not in original container, not labeled or dated. 6. 1 box of whole apples not dated. 7. 1 box containing four 5-pound packages of cut and peeled carrots, not dated. 8. 1 clear bag of grapes open to elements, with no date or label. 9. 8 individual blocks of golden sweet margarine not dated. 10. 1 box of bacon not dated. 11. 30 small, clear containers of Jello, with no labels or dates. 12. 2 separate bags containing cilantro, wilted and black, not dated. 13. 1 box of 12 individually wrapped molded cucumbers, not dated. 14. 1 clear bag containing 10 boiled eggs not labeled or dated. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>15. 1 container labeled lemon pudding, dated 01/04, use by 01/07.</p> <p>Freezer #2 of 2</p> <ol style="list-style-type: none"> 1. 4 boxes of strawberry ice cream not dated. 2. 1 box of 6 individually wrapped ice cream sandwiches, not dated. 3. 1 opened clear bag of frozen sliced potatoes, not labeled or dated. 4. 1 frozen pork loin in original packaging, date received was unreadable. 5. 1 opened bag of French bread, not labeled or dated. <p>In an interview on 01/19/2022 at 12:01 PM with DM, she stated her expectations for storage and labeling are for the dietary staff including herself, should date and label products as they are being received into the kitchen as well as when they are being used. She also stated the failure is due to herself not following up on the storage and labeling to make sure it is being done properly.</p> <p>During interview 01/21/2022 at 09:13 AM with ADMIN, she stated her expectations are when items are received in the kitchen from the vendor, items are to be labeled and dated accordingly. She also stated the failure occurred when the items were received, they were not dated by dietary staff as well as the failure of daily monitoring.</p> <p>Record review of policy from Next level Hospitality Services titled, Food Receiving and Storage, not date, revealed: #7 All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41495</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 24 (Resident # 20, 79, 115) reviewed for mitigation of Covid 19.</p> <p>Facility failed to isolate COVID-19 positive resident # 79 and #115 after they tested positive for COVID-19 and continued to cohort with 22 other negative residents on the women's secure unit.</p> <p>Resident # 79 (positive) and resident #20 (negative) were cohorting in the same room on the women's secure unit.</p> <p>Facility failed to change PPE in between working with COVID positive residents and COVID negative residents on the women's secure unit.</p> <p>An Immediate Jeopardy was identified on 01/19/22 while the IJ was removed on 1/21/22, the facility remained out of compliance at a severity level of potential for more than minimum harm and a scope of pattern because the facility was still monitoring the effectiveness of their plan of removal.</p> <p>These failures place residents at risk for exposure to COVID-19 which could result in serious illness, hospitalization , and or death.</p> <p>Findings included:</p> <p>During an interview on 01/19/22 at 10:32 AM with DON, he said they had 2 individuals (Resident #79, 115) that tested Covid positive on the women's secure unit. The residents were not moved because they were elopement risk, very aggressive, combative, and would barge through staff. He said they instead quarantined the entire unit.</p> <p>During an interview 01/19/22 at 1:18 PM LVN F of the women's secure unit stated There were two residents diagnosed with COVID on January 16th. Resident# 79 did have a roommate (Resident #20) who was negative.</p> <p>Record review of Resident #20 Admission MDS dated [DATE] revealed: A [AGE] year-old female admitted to the facility on [DATE] with a diagnosis list that included Aphasia, Depression, Malnutrition. BIMS score of 4 meaning severe cognitive impairment.</p> <p>Record review of Resident #20 Progress Notes from 01/01/22 through 01/21/22 revealed no indication of resident testing positive for Covid 19.</p> <p>Record review of Resident #79 Quarterly MDS dated [DATE] revealed: A [AGE] year-old female admitted to the facility on [DATE] with a diagnosis list that included Dementia, Diabetes Melitus, Parkinson's disease, Seizure disorder or Epilepsy, Anxiety disorder, Depression, Schizophrenia, . BIMS score of 3 meaning severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #79 Progress Notes dated 01/16/22 revealed: Resident tested positive on rapid COVID-19, no emergency contact or family on file to notify. Safety precautions taken.</p> <p>Record review of Resident #115 Quarterly MDS dated [DATE] revealed: An [AGE] year-old female admitted to the facility on [DATE] with a diagnosis list that included Dementia, Seizure disorder or Epilepsy, Schizophrenia. No BIMS score to identify cognition.</p> <p>Record review of Resident #115 Progress Notes dated 01/16/22 revealed: Resident tested positive on rapid COVID-19 test, called and informed emergency contact. Safety precautions taken.</p> <p>During observation 01/19/2022 at 9:01 AM of the women's secure unit, LVN F at med cart wearing KN95 mask, isolation gown and eye protection glasses distributing medication to residents.</p> <p>During observation 01/19/2022 at 9:02 AM of the women's secure unit, there were no residents wearing masks or social distancing.</p> <p>During an interview 01/19/2022 at 09:05, LVN F of the women's secure unit, states Resident #79 and Resident #115 were diagnosed with positive COVID and were allowed to come out of quarantine in the hallways as well as in the dining area. She also stated, although testing positive with 22 other negative residents, there was no way to keep them in their rooms.</p> <p>During observation 01/19/2022 at 09:30 AM of the women's secure unit, there were 14 residents(negative) in dining room with Resident #115(positive) sitting within 2 feet from other residents at the same table.</p> <p>During an observation 01/19/22 at 09:57 AM of the women's secure unit, CNA A and CNA E were doffing isolation gowns and gloves into overflowing trash of women's secure unit before entering door on hallway of co-ed secure unit with dining cart.</p> <p>During an interview on 01/19/22 at 10:32 AM with DON, he said they had 2 individuals (Resident #79, 115) that tested Covid positive on the women's secure unit. The residents were not moved because they were elopement risk, very aggressive, combative, and would barge through staff. He said they instead quarantined the entire unit. He said the residents didn't dig in the trash, but he expected that if the trash were full it should go right out to the dumpster because there was 1 nurse and 2 aides on that unit. He said that all the residents on the women's secure unit were being monitored for signs/symptoms of Covid 19, 1 time a day. The facility was not testing for Covid 19 at that time due to emergency shortage of testing supplies. DON said they had letter from their local health department to only test symptomatic residents and staff at that time. They had just received an emergency supply of testing supplies from TX HHSC and were continuing to use the recommendation of testing only if symptomatic.</p> <p>During an observation on 01/19/22 at 1:10 PM of the women's secure unit, Resident# 115 (positive) walking from dining area, walking up and down hallway looking for her room.</p> <p>During an observation on 01/19/22 at 1:15 PM of the women's secure unit, Resident #20(negative) leaving room [ROOM NUMBER] while Resident #79 (positive) walking from dining hall to the same room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview 01/19/22 at 1:18 PM LVN F of the women's secure unit stated There were two residents diagnosed with COVID on January 16th. Resident# 79 did have a roommate (Resident #20) who was negative, they kind of stay apart. I am waiting till the COVID goes back to zero and will then change residents around.</p> <p>During observation 01/19/2022 at 1:37 PM of the women's secure unit, LVN F wearing KN95, isolation gown, protection glasses and walked into Rm 32, where Resident# 79 (positive) was located, to answer call light. There was no change of PPE, or hand hygiene done. There was no hand sanitizer inside the resident's room.</p> <p>During observation 01/19/22 at 2:10 PM signage on door to the women's secure unit states quarantine area.</p> <p>During an interview on 01/19/22 at 02:55 PM with the DON, Asst adm, the Assistant ADM said they did not have the staffing to do get private sitters for the 2 women (Resident #79, 115) that tested positive on the women's secure unit at that time. DON said they had been treating the entire women's secure unit as Covid positive, wearing the same ppe, letting them all have their time with activities and dining. Asst ADM said if they would have made the 2 positives(Resident #79, 115) roommates then they would have been fighting and then that would have caused facility to have self-reports for hitting each other, so they had to keep in mind their safety and rights.</p> <p>Record review of facility policy labeled Infection Prevention and Control Program revised 10/2020 revealed: An Infection Prevention and Control Program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Each center should refer to and follow CDC guidance and their state guidance for Infection Prevention and Control. Texas Health and Human Services, COVID-19 Response for Nursing Facilities most current version, should be referred to and followed by centers located in the state of Texas .The program is based on accepted national infection prevention and control standards. The infection prevention and control program is a facility wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. The elements of infection prevention and control program consists of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety . Outbreak management is a process that consists of: determining the presence of an outbreak; managing the affected residents; preventing the spread to other residents; documenting information about the outbreak; reporting the information to the appropriate public health authorities; educating the staff and the public; monitoring for reoccurrences; reviewing the care after the outbreak has subsided; and recommending newer revised policies to handle similar events in the future . The medical staff will help the facility comply with pertinent state and local Regulations concerning the reporting and management of those with reportable communicable diseases. Prevention of Infection. Important facets of infection prevention include: identifying possible infection or potential complications of existing infections; instituting measures to avoid complications or dissemination; educating staff and ensuring they adhere to proper techniques and procedures; communicating the importance of standard precautions and cough etiquette to visitors and family members; enhancing screening for possible significant pathogens; immunizing residents and staff to try to prevent illness; implementing appropriate isolation precautions when necessary; and following established general and disease specific guidelines such as those of the Centers for Disease control.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of CDC guidance labeled Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2(Covid 19) Spread in Nursing Homes accessed on 02/03/22 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html revealed: Even as nursing homes resume normal practices, they must sustain core IPC practices and remain vigilant for SARS-CoV 2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalization s, and death . Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom . Only patients with the same respiratory pathogen should be housed in the same room . Limit transport and movement of the patient outside of the room to medically essential purposes . HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>The Administrator was notified on 01/19/22 at 3:16 PM an IJ situation was identified due to the above failures and an IJ template was provided.</p> <p>The Plan of Removal was accepted on 01/19/22 at 5:35 PM and reflected:</p> <p>Plan of Removal</p> <p>Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on January 19th, 2022.</p> <p>Definitions:</p> <p>Cold rooms/areas: Residents that have not been exposed to COVID-19, testing negative on outbreak testing, and are not symptomatic.</p> <p>Warm rooms/areas: Residents with an unknown COVID status (new admissions that are not vaccinated), residents that have been exposed to COVID but are testing negative, symptomatic residents that are continuing to test negative.</p> <p>Hot rooms/areas: Confirmed COVID-19 positive.</p> <p>Identified Concern: The facility's failure to isolate positive and follow recommended infection control practices placed 22 negative residents at risk of contracting the COVID19 virus which could result in serious illness, hospitalization , and/or death. The facility has been granted permission from the Local Health Department and DSHS to only test those residents that exhibit signs and symptoms due to the shortage in testing kits across the nation. In the event, that a patient test positive soon we will immediately isolate the resident to avoid further infection of residents.</p> <p>1. Immediate Action: COVID positive residents will be identified through outbreak testing. The facility has been granted permission from the Local Health Department and DSHS to only test those residents that exhibit signs and symptom. (Please see attachment) Staff continues to check patients' temps and assess patients for signs and symptoms daily for COVID-19. 2 residents that tested positive have been isolated to our hot zone and will be rooming together in room [ROOM NUMBER]. Patients were moved at 3:46pm on 01/19/2022. Facility staff and a local sitter agency will provide 1-1 monitoring as patients are an elopement risk and suffer from severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Immediate Action: Designated hot, warm, and cold zones, in which will be labeled with the signage in which is outlined below. Staff will redirect residents to their perspective areas that coincide with their COVID-19 status. COVID-19 positive residents will not be in common areas, they will reside in the hot unit/hot rooms, with meaningful separation from the warm and cold residents. Warm residents will have meaningful separation from cold residents, as well. All COVID positive residents will be moved to the designated hot zone.</p> <p>o Completed 01/19/2022 by Director of Nurses and QAPI Nurse Manager</p> <p>3. Immediate Action: Current available staff does not allow for dedicated staff for the hot, warm, cold areas. Center is attempting to recruit staff, has reached out to staffing agencies, and is filling out the appropriate forms to request HHSC's assistance with staffing. Facility staff and a local sitter agency will provide 1-1 monitoring as patients are an elopement risk and suffer from severe cognitive impairment. In the event, that the facility and local sitter agency is unable to provide staffing the facility will designate a portion of the secured women's unit as hot, and have designated staff for those residents. Completed 01/19/2022 by Administrator, Director of Nurses, QAPI Nurse Manager</p> <p>4. Immediate Action: Ensure there is proper PPE to include: gowns, N-95, surgical masks, and eye protection outside of the hot and warm rooms/unit. Ensure there are receptacles in each warm room so employees can doff between caring for warm residents. Ensure there are receptacles available for doffing outside hot unit and hot rooms.</p> <p>o Administrator, DON, and/or designee will observe PPE bins outside of residents in warm and hot areas to ensure proper PPE is available every shift.</p> <p>o Completed: (01/19/2022)</p> <p>6. Immediate Action: Ensure proper CDC signage is outside of each hot and warm room regarding the PPE donning and doffing and appropriate PPE attire, which includes: gown, N-95, and eye protection. Ensure door/COVID positive area is indicated via signage and floor tape.</p> <p>o Administrator, DON, and/or designee to round center once a day to ensure appropriate signage is in place to indicate warm and hot areas.</p> <p>o Completed: (01/19/2022)</p> <p>7. Immediate Action: Ensure staff is educated prior to working their next shift on: cohorting/separating COVID positive, COVID unknown, and COVID negative residents. Ensure staff is educated on proper PPE, when to don and doff and how to properly don and doff. Ensure staff is educated on physical distancing. Initiated on 01/19/2022 and will be completed on 01/25/2022 due to rotating shifts with nursing, dietary, therapy, and housekeeping staff. Staff responsible for completing education is Director of Nurses, QAPI Nurse Manager, and Nurse Management Team.</p> <p>o Staff will show return demonstration regarding proper hand hygiene -</p> <p>o Staff will show return demonstration regarding donning and doffing</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o Staff will show competency by completing a test</p> <p>o Staff currently in house completed (01/19/2022) and will continue prior to employee's shifts until 100% compliant.</p> <p>8. Immediate Action: Ensure staff working in COVID positive area/rooms are doffing PPE before leaving room/area to work with residents in warm or cold areas. Ensure staff is donning and doffing PPE after working with each warm resident, for their status is unknown, in the receptacles in the warm/hot residents' rooms which will prevent other residents from coming into contact with the discarded PPE.</p> <p>o Random rounds to be completed by DON, administrator or designee in warm/hot zones to ensure staff is properly doffing when exiting area, to be completed every shift for 5 days to ensure substantial compliance.</p> <p>o DON, administrator or designee in warm/hot zones to ensure staff is performing proper hand hygiene when exiting area, to be completed every shift for 5 days to ensure substantial compliance.</p> <p>o Completed: (01/19/2022) and continued monitoring to ensure compliance. Staff responsible for ensuring compliance is Director of Nurses, QAPI Nurse Manager, and Nurse Management Team.</p> <p>9. Immediate Action: Educate residents on physical distancing, encourage residents to stay in their rooms, and redirect residents regarding physical distancing (staff responsible for education will be Director of Nurses, QAPI Nurse Manager, Nurse Management Team and Social Services). MDS coordinators have updated all residents care plans to reflect the importance of physical distancing, encourage residents to stay in their rooms, and redirect residents regarding physical distancing. Facility staff is aware that attempting to educate dementia and Alzheimer's residents on the importance of social distancing may be unsuccessful due to our residents exhibiting severe cognitive impairment. Facility will supplement education, with activities that promotes and allows for social distancing. Facility will promote and provide small group activities where residents who participate can be equally spaced 6 feet apart. Facility will also promote and provide individualized activities that allows residents to complete in their rooms to promote social distancing.</p> <p>o Initiated on 01/19/2022 and continued monitoring to ensure compliance. Staff responsible to ensure compliance is Director of Nursing, QAPI Nurse Manager, Nurse Management Team, and Social Services.</p> <p>10. Immediate Action: ADHOC QAPI meeting performed with medical director, completed 01/19/2022. Informed medical director of immediate jeopardy and read through POR. Medical director has no other suggestions at this time.</p> <p>11. Center will review education, competencies, test results, PPE and signage rounds, during their upcoming QAPI meeting, and as needed thereafter. Should facility see failures in our efforts noted above, the facility will provide ongoing education to staff, residents, family members, and visitors. In addition, facility will conduct ADHOC meetings to assess, identify, and correct areas of deficiency and failures. Staff responsible for review of education, competencies, test results, PPE and signage rounds is the Director of Nurses, QAPI Nurse Manager, Nurse Management Team, Administration. Our next QAPI meeting is scheduled for February 10, 2022.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Verification</p> <p>During an observation on 01/19/22 at 3:45PM, Resident #79 and #115 were moved to the Covid unit hot zone by DON and CNA E. Both residents were wearing surgical masks and isolation gowns during the transfer from the women's secure unit to the Covid unit.</p> <p>During an interview on 01/19/22 at 03:55 PM ADM wanted to verify that they moved both resident #79 and #115 from the women's locked unit to the Covid unit.</p> <p>During an observation on 01/19/22 at 4:10PM of the women's secure unit, all remaining 22 residents were tested with a negative result.</p> <p>During an observation on 01/19/22 at 4:45PM, the Covid unit had double doors that were closed that had signage to Stop See Nurse's Station, through the double doors there is an area with red tape on the floor with PPE storage unit that housed face shields, N95 masks, isolation gowns, vinyl gloves and ABHR. Signage on wall indicated the PPE used and steps for donning/doffing PPE. The exit door at end of hallway had a trash can with lid operated by foot with signage to discard used PPE with signage of how to doff steps on it and a table with ABHR.</p> <p>During an interview on 01/20/2022 at 8:50 AM with CMA A, she stated, We had in-services this morning for hand hygiene, COVID residents, Call lights, locking med carts, donning, and doffing PPE.</p> <p>During an interview on 01/20/22 at 8:55 AM with CNA A, she stated, I had in-service yesterday on PPE, COVID, hand hygiene, and COVID unit.</p> <p>During an interview on 01/20/22 at 9:00 AM with LVN B, she stated, I had in-services yesterday before I left on hand washing, PPE, donning and doffing of PPE, Isolation hall on what can go in and out of that hall.</p> <p>During an interview on 01/20/22 at 2:30 PM with CNA D she stated, I had in-services on donning and doffing PPE, COVID unit and hand hygiene. I have 2 residents that are COVID positive and they are in a room together with a sitter. When I go in there, I wear n95 mask, gown gloves and face shield. I take my gown and gloves off in the room and place them in yellow bag in a box in the room as I leave.</p> <p>During an observation on 01/20/22 at 06:28 PM, there were 2 COVID 19 positive residents on men's unit, residents in room together with a sitter in the room. Stop see nurse sign is on the door along with instructions on how to don and doff PPE.</p> <p>During an interview on 01/21/22 at 08:20 AM with CNA B, she stated, We had ab out 5 in-services. Infection Control, donning and doffing PPE, Safety in isolation area, Resident Rights, and hand hygiene. we do not have any COVID positive residents on this unit (CO_ED HALL). I wear n95 mask every day.</p> <p>During an interview on 01/21/22 at 08:22 AM with CMA B, she stated, I had in-service on hand hygiene, PPE, COVID. We have extra mask and gowns in the office.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/21/22 at 08:35 AM with LVN E, she stated, Had in-service on hand hygiene, call lights, PPE and I know more but can't think right now. Observed LVN E reminding resident to put on mask when in hallway.</p> <p>During an interview on 01/21/22 at 08:40 AM with CNA C, she stated, I have had in-services on hand hygiene, PPE, call lights, can't remember others. When I go on the COVID unit I wear gloves, gown, goggles, n95 mask. I take off my gown and gloves before I leave the room and put them in the box.</p> <p>During an observation/interview on 01/21/22 at 09:13 AM, the PPE cart prior to the entrance of COVID unit was fully stocked . PPE was also in 3 small carts located down the hall outside of resident rooms fully stocked. There were 2 closets with PPE located on the COVID unit, 2 small carts with PPE located outside of residents room on the men's unit fully stocked, PPE in treatment nurse office, PPE at front desk, PPE in QA nurse office, and shed in back with PPE. QA nurse says that she keeps PPE in her office also. She goes to the shed every morning and restocks the entire building.</p> <p>During an observation/interview on 01/21/22 at 09:15 AM, RN B was donning PPE and entering the COVID unit appropriately. Nurse rolled cart to each room and passed out meds. Observed DON sanitizing handrails in the COVID unit. 1 resident (no longer positive) leaving COVID unit going back to her room. Observed DON sanitized her wheelchair and her medications where in a plastic bag. Resident was wheeled to the line by the DON then the QA nurse took her off the unit. Resident had mask on. Observed DON doffing and exiting the back door. RN B states that she was in-serviced on proper PPE, donning and doffing, locking med carts, and hand hygiene on Wednesday 01/19/2022.</p> <p>During an observation/interview on 01/21/22 at 09:20 AM CNA C donning PPE to enter COVID unit appropriately. She said she was in-serviced on donning and doffing PPE and hand hygiene on Wednesday 01/19/2022.</p> <p>During an interview on 01/21/22 at 09:29 AM RN A said that she was in-serviced on handwashing, donning, and doffing on Wednesday 01/19/2022.</p> <p>Record review of resident testing of women's secure unit dated 01/19/22 revealed: 22 residents tested negative for Covid 19.</p> <p>Record review of resident Care Plans for residents of the women's secure unit dated 01/20/22 revealed updated Covid 19 risk factors with goals and interventions that included monitoring for signs/symptoms, social distancing, isolating as needed, following CDC/federal/state/local health department guidelines.</p> <p>Record review of inservice labeled How to Properly [NAME] and Doff Infection Control dated 01/19/22 revealed numerous staff signatures verifying comprehension from many different departments, shifts.</p> <p>Record review of facility inservice labeled Importance of Charting/Separating Covid positive, Covid unknown, Covid negative residents dated 01/19/22 revealed numerous staff signatures verifying comprehension from many different departments, shifts.</p> <p>Record review of facility inservice labeled Importance of Social Distancing-Everyone must continue to social distance-best practice for staff/residents dated 01/19/22 revealed numerous staff signatures verifying comprehension from many different departments, shifts.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of facility inservice labeled Covid hall/Hand hygiene-Clean side before the [NAME] on B hall-once you cross over red line you can only exit through back door-flows like a river in direction-make sure you perform hand hygiene before and after dated 01/20/22 revealed numerous staff signatures verifying comprehension from many different departments, shifts.</p> <p>Record review of facility inservice labeled Social Distancing-Promote social distancing, Promote small group activities, Promote individualized activities dated 01/21/22 revealed numerous staff signatures verifying comprehension from many different departments, shifts.</p> <p>Record review of facility inservice labeled Infection Control-One to One presentation/demonstrate/return demonstration dated 01/20/22 revealed numerous staff signatures verifying comprehension from many different departments.</p> <p>Record review of facility electronic mail (email) communication with Public Health Department dated 01/11/22 revealed local Public health epidemiologist recommendation that they go to testing only symptomatic residents and staff with the few that they have left.</p> <p>Record review of facility communication LTCR form 2198 dated 01/07/22 revealed an emergency request for Binax card testing supplies to Texas Health and Human Resources with a request of 460 cards per week for 3 weeks.</p> <p>Record review of facility communication dated 01/10/22 revealed Please be aware that STRAC has currently dispensed all the Binax COVID tests in our inventory. Due to supply chain issues and ongoing federal purchases, Texas is unable to get resupplied.</p> <p>The Administrator was informed the IJ was removed on 01/21/22 at 12:50 PM. The facility remained out of compliance at a severity level of potential for more than minimal harm and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal.</p> <p>44728</p> <p>45732</p>		