

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42402</p> <p>Based on observations, interviews and record review, the facility failed to ensure residents were free from abuse for 1 of 6 residents (Residents #1) reviewed for abuse when it failed to provide required structures and processes in order to meet the needs of the residents in that:</p> <p>The facility failed to prevent Resident #1 from having flies and maggots on her and in her room by not repairing a window screen hole, which allowed flies to come in the room.</p> <p>An Immediate Jeopardy (Immediate Jeopardy) is interpreted as a crisis situation in which the health and safety of individual(s) are at risk was identified to have occurred on 6/15/2022. While the IJ was removed on 6/17/2022, the facility remained out of compliance at a level of potential harm with a scope identified as isolated until interventions were put in place to ensure and prevent pest infestation inside and on residents had occurred.</p> <p>This deficient practices could place residents at risk of not receiving the necessary care and place them at risk of a decline in health and/or death.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, computer dated 6/14/2022, revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction (a paralysis that affects one side of the body. It's often diagnosed as either the right or left after a stroke) affecting right dominant side, altered mental status unspecified, anxiety disorder, chronic obstructive pulmonary disease(a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing.), post-traumatic stress disorder, borderline personality disorder, bipolar disorder unspecified.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicated she was cognitively intact. Resident #1's required x2 staff for transfers and turning in bed, and during incontinent care. No documentation of wounds on resident. Section E behaviors indicated Resident #1 had behaviors related to refusal of care at times.</p> <p>Record review of Resident #1's care plan dated 6/1/2022 revealed the following:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Problem start date: 6/1/2022, behavior problem related to bipolar, anxiety. Hoards personal belongings, food, and various other items on self and bed. Goal: Will have behavior identified so that staff may intervene quickly with listed interventions daily, through next review date: target date 9/11/2022. Approach: Administer medications as ordered and monitor for side effects, effectiveness. Explain all procedures before starting to help resident adjust to changes, intervene as needed to protect the rights and safety of others. Approach and speak in a calm manner. Refer to psychiatrist /psychologist as needed. Problem start date :6/14/2022.</p> <p>2. Problem start date: 6/14/2022: Behavioral symptoms; Resident is no compliant with cleaning of room. Resident has potential for negative impact on health r/t failure to recommended treatment. Long term goal: resident /RP (responsible party) will have knowledge of potential for harm related to refusal to follow recommended protocols and will have wishes respected through next quarter. Approach: document non-compliance as needed, educate on importance of cleanliness, respect resident wishes in making choices.</p> <p>3. Problem start date:2/17/2022 category Behavioral symptoms: resident is non-compliant with: personal hygiene regimen, medication regimen, diet/nutritional needs/interventions, pericare, assistance with ADL's . Goal: Resident /RP will have knowledge of potential for harm related to refusal to follow recommended treatments /md orders and will have wishes respected . Approach: allow choices if able, document noncompliance as needed, educate on recommended treatments/md orders as needed, monitor and document ,notify md/rp as needed, respect resident wishes in making choices.</p> <p>Record review of Resident #1's electronic medical record from the psychology progress notes dated 3/3/2022 revealed the reason for referral was Resident #1 presented with bipolar with psychosis, general anxiety disorder, and borderline personality disorder. Staff reported agitation and aggressive behaviors. Her mental status exam revealed she was anxious, oriented x4(person, place, time, self). Resident #1 agreed to further psychotherapy sessions. Treatment plan reflected was to decrease aggressive behaviors, reduction of isolation, and encourage participation for group and individual activities in facility. The estimated visits for goals were 6-12 months.</p> <p>Record review of Resident #1's electronic medical record nurse's notes authored by Registered Nurse F dated 6/4/2022 at 2:31 p.m. revealed 0815(a.m.) pt (patient) found in room in bed surrounded by trash in the bed and on the floor with numerous flies in room, I asked why there was trash everywhere pt stated, 'I've just been throwing it in the trashcan, they must have moved it.' Pt c/o (complaint of) numerous horsefly bites spo2(SpO2 stands for peripheral capillary oxygen saturation, an estimate of the amount of oxygen in the blood.)=97 on O2(oxygen) 2lxcn(2 liters per nasal cannula of oxygen) hr(heart rate)=98 pain=9/10 to legs, was already medicated temp(temperature)=98.1 [degrees Fahrenheit].</p> <p>Record review of Resident #1's electronic medical record nurse's notes authored by LVN G on 6/10/2022 at 4:35 a.m. revealed staff members assisted the resident with self-care due to incontinence. Staff members noted maggots to her perineum(an area between the thighs that marks the approximate lower boundary of the pelvis and is occupied by the urinary and genital ducts and rectum) and vaginal area. Staff members removed visible maggots off the resident, resident was wiped clean, and the bedding was changed. No areas of skin irritation were noted and Resident #1 denied pain or discomfort. Resident #1 phoned the police department on her personal cell phone, complained of discomfort during care, and both parties hung up the phone. The primary physician was notified. No new orders were given by physician. No medical treatment was required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 6/14/2022 at 1:29 p.m. with Certified Medication Aide (CMA) A, revealed flies in Resident #1's room and on Resident #1. Upon entering Resident #1's room there was a heavy smell of urine. CMA A stated , there is a smell of urine in this room (resident #1's room) because she (resident #1) does not let the staff change her in the normal every 2 hours and as needed time frame. CMA A stated, We have a problem with flies, there have been flies for about a month in her room, because she (Resident #1) keeps food open in her room, on her bed and will not let us cover it or remove it. CMA A stated Resident #1 frequently refused care from certain staff members to provide her incontinent care. When asked CMA A had ever seen maggots on Resident #1, she stated, No I just heard the night shift found some on her the other day. Investigator and CMA A observed a hole in the window screen in Resident #1's room on 6/14/2022 at 1:29 p.m. When asked if she knew there was a hole in the window screen, CMA A stated no. She stated she did not think to look at the window screen. She stated if she saw something broken, she would have informed the Maintenance Director or put it in the maintenance logbook which were located at the nurse's station on each side of the building. She stated she had seen the Maintenance Director spray insecticide in Resident #1's room for insects within the past week.</p> <p>During an observation and interview on 6/14/2022 at 1:30 p.m. Resident #1 was observed to be in her room in bed. She was awake and alert to person and surroundings. Immediate observation upon entrance to Resident #1's room by the Investigator revealed a full trash can near Resident #1's bed which was full of incontinent wipes and trash , this with a smell of urine permeating from trash can, 5 flies on Resident #1. Two flies were on her left arm, 2 on her blanket which was covering her body and 1 was on the sheet that was over her bed mattress. Resident #1 was asked if she was aware of the flies in her room and she stated, Yes they are always here. They come in through the door of my room. Not the window. I did not have maggots those were wet cracker pieces the other day. When asked where the maggots or alleged cracker pieces were on her body, she stated, I don't know what you are talking about , I just had crackers on my bed and some had fallen underneath me when I was eating them. Further observation revealed Resident unkept, with a package of crackers opened on her bed with crumbs on the bed sheets. The resident had a urine odor. Observation of Resident #1's bed revealed approximately 2 feet from the room window. Observed the window to be open approximately 4 inches from the bottom of the windowsill. Further observation of the window revealed the screen had a 2-inch x 1-inch open hole at the bottom left corner of the screen. There were 2 flies coming in through the window screen hole and a trail of small brown ants on the windowsill coming into Resident #1's room. Interview with Resident #1 revealed she was aware of the flies and stated she did not like them. She stated maintenance had sprayed for bugs, this week but spray would not kill flies. She further stated, a fly swatter would work, but I cannot handle one, I am not fast enough. When investigator asked Resident #1 why her window was open she stated, I like the fresh air coming in. The Investigator asked if her window could be closed at this time to prevent flies from entering the room and Resident #1 stated yes. When asked if she knew there was a hole in the window screen, she stated no.</p> <p>During an observation in Resident #1's room and interview on 6/14/2022 at 1:35 p.m. with the Interim Administrator, she stated Resident #1 had flies in her room and on her body. The Interim Administrator further observed and confirmed there was a hole at the bottom left corner of the window screen. When asked if she knew there was a hole in the window screen, she stated no. Upon immediate intervention by the investigator, Resident #1 was moved to another room with Resident #1's consent.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/14/2022 at 2:30 p.m. the facility Maintenance Director stated he was aware of Resident #1's window screen having a hole in it for approximately three weeks. He stated he had ordered window screen supplies, but they had not come in yet. When asked if he had considered changing the screen out with another screen or patching the screen, he stated no. He further stated he had sprayed insecticide in Resident #1's room on 06/10/2022. When asked what the insecticide was for he stated it covers multiple insects to include ants and flies. He stated Resident #1 still had flies attracted to her because she kept food products opened in her room. When asked why Resident #1 kept her window open , he stated , I don't know .The temperature is hot outside and the air conditioning works in her room.</p> <p>Record review of the maintenance log dated 1/1/2022- 6/14/2022 revealed no documentation of a hole in resident room [ROOM NUMBER].</p> <p>Record review of the facility's pest control book provided by Maintenance Director dated 6/10/2022 revealed maintenance sprayed insecticide in Resident #1's room for ants. No documentation of insecticide utilized for flies.</p> <p>During an interview on 6/14/22 at 2:45 p.m. LVN B stated she heard from multiple staff members that staff on the night shift had found maggots and flies on Resident #1 on 6/10/2022. She stated she was aware Resident #1 would refuse incontinent care at times and would keep food in her bed. She stated Resident #1 had been on another hall (hall 300) prior to her being on her current hall (hall 200). LVN B stated she had not worked with Resident #1 prior to 6/14/2022.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/14/22 at 8:04 p.m. LVN G stated she worked the 10:00 p.m. to 6:00 a.m. shift on the 6/09/2022 into the morning of 6/10/2022. She stated at approximately 4:30 a.m. on the morning of 6/10/2022, 2 staff members, CNA E and Resident Aide H were assisting Resident #1 with care due to her being incontinent. LVN G stated CNA E and Resident Aide H noted maggots to Resident #1's perineum and vaginal area. She stated CNA E and Resident Aide H removed visible maggots off the resident, the resident was wiped clean, and her bedding was changed. LVN G stated CNA E told her there were ants on Resident #1's bed also. She stated there were no areas of skin irritation reported to her. She stated she was told by CNA E that Resident#1 phoned the local police department and the nearby city police department on her personal cell phone and complained of discomfort during care. She stated Resident #1 frequently called 911 to complain of care and issues at the facility that she did not like. LVN G stated she notified Resident #1's primary physician and received no orders. She stated she reported the occurrence to the oncoming nurse, LVN I. When asked if she saw the maggots herself, she stated no CNA E had thrown all the linens and cleaning materials away before she could do an assessment on Resident #1 and to see the maggots When asked if there was a hole in Resident #1's window screen, she stated she did not look or notice one. She stated she did see the window to her room opened on the day of the reported maggots, but that was nothing unusual as she kept her window open most of the time . She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. She stated she informed the oncoming nurse, LVN I, of ants on Resident #1's floor, under her bed and asked her to inform maintenance to spray insecticide. When asked if Resident #1 was moved to another room due to the ants and flies/maggots she stated no , I did not think about moving her. The aides (E and H) just cleaned up everything. When asked how staff communicates any item that needed repairing or if they saw bugs, she stated they had a communication book for the Maintenance Director to check at each nurse's station and also would tell the oncoming shift, since I work night shift. When asked if she had ever seen flies on Resident #1, she stated she could not recall seeing any. She stated there were fly swatters at the nurse's station to use because there were flies in the facility at times. When asked if the facility was doing anything about the ants or flies, LVN G stated , I assume they are. When asked LVN G how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During an interview on 6/14/2022 at 3:00 p.m. with the Interim Administrator and the DON, both stated the incident with Resident #1 having flies and maggots on her was not reported to HHSC. When asked why it was not reported, the Interim Administrator stated she was not at the facility on 6/10/2022, it was the previous Administrator who is no longer here. The DON stated she was not aware she needed to report the incident regarding Resident #1. The DON stated Resident #1 was not harmed, so I did not report it. The Interim Administrator stated the facility had been in contact with the assigned Ombudsman regarding Resident #1.</p> <p>During an interview on 6/15/2022 at 9:11 a.m. the facility Maintenance Director stated he had sprayed insecticide in Resident #1's room on 6/10/2022 after it was reported to him by staff that there were ants under Resident #1's bed. He stated he saw ants when he sprayed on 6/10/2022. He stated he knew Resident #1 had flies in her room but he thought it was because she had food in her bed. He further stated he did not think about looking at the window or the window screen to see where the flies were coming from. He stated he felt that the ants were coming from the window.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/15/2022 at 9:30 a.m. the facility DON stated she was told on the morning of 6/10/2022 by LVN I that Resident #1 had maggots on her that morning. She stated she went to ask Resident #1 if she could do a full body assessment on her and the resident agreed. The DON stated while performing the assessment she found 3 maggots on Resident #1's abdominal fold. She further revealed she provided teaching to Resident #1 regarding hoarding food and refusing personal care. She stated she requested a total bed bath for Resident #1, but Resident #1 refused. The DON stated it was care planned that Resident #1 refused many things like medications, care and people coming in her room. She stated the resident also refused peri care at that time. The DON further revealed Resident #1 would not go to the shower room to have showers. She stated Resident #1 refused bed bathes more often than not. The DON stated when Resident #1 would let staff bath her , it was a bed bath.The DON stated she notified MHDD and had a teleconference with them and Resident #1. The DON stated during the teleconference Resident #1 denied having anxiety. She stated she requested for MHDD to find placement for Resident #1 due to her refusing care. The DON stated she was not aware of any flies in Resident #1's room prior to the incident on 6/10/2022. The DON stated when she did the assessment, she did see fly activity in room but could not remember how many. She stated she could not remember if she saw any flies post incident. When asked the DON how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During a phone interview on 6/15/2022 at 11:17 a.m. CNA E stated on 6/10/2022 at approximately 4:30 a.m., Resident #1 had 4 maggots, which were moving, on her peri area and 3 underneath her back on her bed which were moving. She stated, we (CNA E and Resident aide H) were performing incontinent care on Resident #1. CNA E stated she did not tell Resident #1 there were maggots on her to protect her dignity. She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. CNA E stated Resident #1 had flies in her room for about a month prior to finding maggots. She stated she had told the Maintenance Director there were flies in Resident #1's room but could not remember what date. She stated she was aware of the maintenance work logbook on each nurse's station but did not write in it. She stated she told the charge nurse(LVN G) to communicate to maintenance.</p> <p>During a phone interview with Resident #1's Primary Physician on 6/15/2022 at 11:25 a.m. he stated he was aware that Resident #1 had maggots on her on Friday 6/10/2022. He stated, This resident refuses care such as incontinent care, bathing , and changes of clothing from staff and has behavioral issues. He further stated I cannot have her in emergency commitment to an acute psychiatric facility because she does not meet the criteria. She is not of harm to herself or others. She does refuse her medications except for her pain medication. He stated the facility had given Resident #1's Responsible Party a 30-day notice to discharge, but there were no facilities that would take Resident #1 due to her behaviors and refusal of care. The Primary Physician stated he was seeing Resident #1 weekly for mental health services due to no psychology/psychiatrist services available at this time. He further revealed he did not provide any new orders for Resident #1, because he felt there was none needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/15/2022 at 1:23 p.m. the prior Administrator stated she was working on 6/10/2022 as the facility Administrator and further revealed that was her last day at the facility. She stated she was aware of Resident #1 having flies and maggots on her the morning of 6/10/2022. She stated she did not report it to HHSC because there was no harm to the resident. She stated she contacted the assigned ombudsman regarding Resident #1's behaviors regarding refusing incontinent care, bathing and also the flies and maggots that were on Resident #1. She stated the Maintenance Director had sprayed pesticide in Resident #1's room on 6/10/2022. She stated she knew of no other time Resident #1 had flies on her.</p> <p>During an interview on 6/15/2022 at 2:38 p.m. RN F stated approximately 2 weeks ago he went into Resident #1's room in the morning and found Resident #1 in bed with trash in the bed and on the floor. He stated there were numerous flies in the room. He stated he asked the resident why there was trash everywhere and she replied, I threw it on the floor. They moved my trashcan. He stated she was complaining about numerous horsefly bites on her. He stated he did not see any fly bites on her. When asked what he did when he saw the numerous flies in her room, he stated he got housekeeping to clean the room. When asked what he did when the resident said she had horsefly bites, he stated he asked her to let him see them and she refused. He stated the resident refused care from staff frequently, not allowing them to provide incontinent care or to bath her. He stated he did not think to look at the window screen to see if the flies were coming in through it. He stated he would have shut the window and informed the Maintenance Director of any concerns. When asked if he was aware of a hole in the window screen, he stated he was not.</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 6/15/2022 at 3:56 p.m. The facility Interim Administrator and DON were notified. The Interim Administrator was provided with the IJ template on 6/15/2022 at 3:56 p.m.</p> <p>On 6/15/2022 the facility provided a plan of removal titled: Plan of Removal. The plan of removal was accepted on 6/16/2022 at 2:20 p.m. It is documented as follows:</p> <p>PLAN OF REMOVAL</p> <p>Date: June 15, 2022</p> <p>Immediate action</p> <p>On 6/14/22 resident was moved from room [ROOM NUMBER] to room [ROOM NUMBER] per surveyor request. Resident was offered alternate placement today and refused. Resident has been consistently calling the police who called the facility at 1:30 pm notifying Administration that the resident had made many calls to the police during the day on 6/15/22. Police came to the facility at 5:30 p.m. assisting EMS related to a physician order to send out resident to [hospital name] for evaluation. Resident refused to leave and became combative with EMS and staff and back up police arrived on seen taking resident to ER and the police reported to Regional Director of Operations that they filed charges against the resident for silent 911 calls and seized her cell phone. Resident frequently refused care, window coverings for her room, demanded window to be up, and resident continuously kept opened food around her body in the bed and would become verbally and physically combative when staff tried to remove it. Resident returned to the facility on [DATE] at approximately 8:00PM after receiving a medical clearance from [hospital name].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Residents residing in the facility have the potential to be affected by the alleged deficient practice.</p> <p>Housekeeping staff thoroughly cleaned residents' previous room [ROOM NUMBER] on 6/14/22 at 3:00 p.m. Maintenance checked window and made sure screen was intact and on new room [ROOM NUMBER] prior to patient move, no concerns were identified. On 6/15/22 at 2:00 p.m. the Maintenance Director checked every screen on every window in the facility and identified that fourteen screens were needed or needed repair. The Regional Director of Operations ordered the items to repair the screens from HD Supply on 6/15/22 at 2:20 p.m.</p> <p>Facility's Plan to ensure compliance quickly</p> <p>On 6/15/22 Regional Director of Operations assigned managers to round and audit all halls to check windows and verify all windows were closed and screens were intact. Pest Control was called for an additional spray (previously sprayed 5/28 [2022]) and room [ROOM NUMBER] sprayed again on 6/10 [2022] and it is scheduled for 6/17/22. Medical Director and attending for resident was notified of the alleged condition of the resident and said, resident is allowed to make her own decisions, even if they are poor decisions. Medical Director gave a new order to send out resident to [hospital name] for evaluation and resident refused and has done so numerous times. Police assisted EMS with removing resident to [hospital name] case #[number]. IDT team met on 6/15/22 and reviewed/revised individual care plans for resident. Head to toe was completed by DON and Reviewed and Approved</p> <p>ADON with surveyor with consent from resident on 6/15/22 at 10:30 a.m. and no skin abnormalities were identified. During interview with the surveyor, Resident #1 was pleasant and proceeded to compliment individual staff members and give suggestions for improvement. 30-day discharge letter was issued by previous Administrator on 4/13/22 due to her creating an unsafe environment for herself and other residents. Resident #1 appealed the discharge through the Ombudsman. Resident #1 later retracted appeal stating she wanted to discharge from the facility. The facility began searching for alternate placement and she was denied by thirteen facilities and was accepted by out-of-town facility, but resident refused. On 6/15/22 at 4:15 p.m. the Director of Nursing, called RP (responsible party) and talked to resident about placement at [alternate facility name] and both again refused. The Ombudsman has made routine visits to the resident and is also aware of the attempts and has also assisted with trying to find placement.</p> <p>The facility staff received education from the Director of Nursing and the Regional Nurse Consultant that was initiated on 6/15/22 regarding: Identifying Abuse and Neglect, Safe, Clean, Homelike Environment, and identifying rooms that could attract pests because of cleanliness and/or food sources. All facility staff will receive these educations and will be required to receive it before beginning their next assigned shift. Currently, approximately 40% of staff have received the education with an expected completion date of 6/18/22. PRN staff will be expected to complete the training before starting their next assigned shift. All housekeeping staff (100%), including the housekeeping manager, received education on all the above, 100% of interdisciplinary team staff have received this education.</p> <p>On 6/16/22, the director of nursing and the regional nurse consultant did interviews with a sampling off each hall of interview able residents to determine if they had any concerns regarding abuse, neglect, or cleanliness of the building. No concerns were identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The interdisciplinary team rounded the entire building again, on 6/16/22 at approximately 8:30am to identify rooms needing cleaning of clutter and/or food sources that could attract pests. Any concerns were corrected immediately.</p> <p>Hall 300's window screens have been repaired and completed. There are nine (9) additional windows requiring new screens and they have been ordered and confirmation received on 6/16/22 that they have shipped. If received by 6/17/22, then the remaining (9) windows will be completed in entirety by 6/19/22.</p> <p>The entire facility was sprayed by pest control on 5/28/22 and another scheduled spray is scheduled (for whole facility) on 6/17/22. The spray that occurred on 6/10/22 was only for room [ROOM NUMBER] for Resident #1.</p> <p>Resident #1 has returned to the facility with the following interventions.</p> <ol style="list-style-type: none"> 1. Moved to another room, screen is in good condition 2. Behavior tracking, and progress notes are being completed by nursing staff and will continue until the DON deems appropriate to remove her from every shift progress notes. Behavior tracking will continue every shift. 3. The DON will monitor residents' hygiene and food hoarding behaviors, daily, during regular business hours, and write a progress note. This will continue daily for 2 weeks and randomly thereafter or when concerns are identified. 4. A care conference will be scheduled when the ombudsman is available to discuss further discharge plans, per the resident's prior request. 5. The Medical Director (resident's MD) will visit the resident on routine schedules checks and when there are concerns 6. Concerns will be brought to the attention of the Regional Director of Operations for further recommendations <p>Continued compliance:</p> <p>The Regional Director of Operations on 6/15/22 in-serviced the maintenance on outside facility rounds and monitoring windows/screens. Maintenance Supervisor is going to audit the screens weekly for one month and monthly thereafter and any concerns will be brought to the attention of the Administrator.</p> <p>The Regional Director of Operations on 6/15/22 also in serviced the Housekeeping Director regarding notifying the Administrator for any resident refusing to have their room cleaned.</p> <p>The Administrator will bring any concerns to the monthly quality assurance performance improvement (QAPI) meeting for tracking, trending, and further interdisciplinary team recommendations.</p> <p>On 6/16/2022 at 2:15 p.m. the POR was accepted, and verification by Investigator began.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Verification of POR 6/16/2022:</p> <p>Record review of the invoice provided by the Interim Administrator dated 6/15/2022 revealed a purchase order of screen frames x 20, screen (48x100ft) x2, and assorted window screen supplies for repairs.</p> <p>Record review of a detailed invoice provided by the RN Consultant from the facility's contracted pest control dated 6-17-2022 revealed in the general comments: This account has 4 ILTS (insect light traps) that are inoperable.</p> <p>Record review of the facility's policy dated 2001 revised February 2014: Titled Preventing Resident Abuse; Policy statement revealed Our facility will not condone any form of resident abuse and will continually monitor our facilities policies, procedures, training programs, systems, etc. to assist in preventing resident abuse.</p> <p>Record Review of the facility's policy dated 2001 and revised 2008, Titled Pest control; policy statement revealed Our facility shall maintain an effective pest control program. Policy interpretation and implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 3. Windows are screened at all times.5. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</p> <p>POR verification:</p> <p>Observation on 6/15/2022 at 10:00 a.m. and 6/16/2022 2:00 p.m. of the window screens in rooms [ROOM NUMBERS] of Resident #1 revealed they were in good condition with no holes or tears.</p> <p>1. Observation on 6/17/2022 at 1:00 p.m. of Resident #1's new room [ROOM NUMBER], after being moved closer to the nurse's station, revealed no tears or holes in her window screen.</p> <p>2. Behavior tracking, and progress notes were being completed by nursing staff and would continue until the DON deemed appropriate to remove her from every shift (10p.m. to 6:00 a.m. and 6:00 a.m. to 2:00 p.m. and 2:00 p.m. to 10:00 p.m.) progress notes. Behavior tracking would continue every shift.</p> <p>Verification:</p> <p>Record review on 6/17/2022 of Resident #1's 6/1/2022 to 6/17 2022 MAR/TAR revealed behavior tracking occurred every shift.(10p.m. to 6:00 a.m. and 6:00 a.m. to 2:00 p.m. and 2:00 p.m. to 10:00 p.m.) (. (</p> <p>Record review of Resident #1's 6/1/2022 to 6/17 2022 electronic progress notes revealed nurses documenting Resident #1's ADL's and behaviors every shift.</p> <p>Interview on 6/17/2022 at 2:30 p.m. with the DON and Regional Nurse Consultant revealed processes such as DON and designee to review documentation daily ,were in place for monitoring behavioral resident documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. The DON would monitor Resident #1's hygiene and food hoarding behaviors, daily, during regular business hours, and write a progress note. This would continue daily for 2 weeks and randomly thereafter or when concerns we</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42402</p> <p>Based on interview and record review the facility failed to ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials including the State Survey Agency in accordance with the State law through established procedures for 1 of 6 Residents (Resident #1) reviewed for reportable incidents in that:</p> <p>The facility did not report to HHSC (State Agency) within 24 hours that Resident #1 had flies and maggots found on her.</p> <p>This failure placed residents at risk for neglect and incidents involving resident safety not being reported to the State Agency by the facility.</p> <p>The findings were:</p> <p>Record review of Resident #1's face sheet computer dated 6/14/2022 revealed she was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, altered mental status unspecified, anxiety disorder, chronic obstructive pulmonary disease, post -traumatic stress disorder, borderline personality disorder, bipolar disorder unspecified.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicates cognitively intact. ADL's (activity of daily living) require x2 staff for transfers and daily care.</p> <p>Record review of Resident #1's care plan dated 6/1/2022 revealed the following:</p> <p>1.Problem start date: 6/1/2022, behavior problem related to bipolar, anxiety. Hoards personal belongings, food, and various other items on self and bed. Goal: Will have behavior identified so that staff may intervene quickly with listed interventions daily, through next review date: target date 9/11/2022. Approach: Administer medications as ordered and monitor for side effects, effectiveness. Explain all procedures before starting to help resident adjust to changes, intervene as needed to protect the rights and safety of others. Approach and speak in a calm manner. Refer to psychiatrist /psychologist as needed. Problem start date :6/14/2022.</p> <p>2.Problem start date: 6/14/2022: Behavioral symptoms; Resident is no compliant with cleaning of room. Resident has potential for negative impact on health r/t failure to recommended treatment. Long term goal: resident /RP (responsible party) will have knowledge of potential for harm related to refusal to follow recommended protocols and will have wishes respected through next quarter. Approach: document non-compliance as needed, educate on importance of cleanliness, respect resident wishes in making choices.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Problem start date:2/17/2022 category Behavioral symptoms: resident is non-compliant with: personal hygiene regimen, medication regimen, diet/nutritional needs/interventions, pericare, assistance with ADL's . Goal: Resident /RP will have knowledge of potential for harm related to refusal to follow recommended treatments /md orders and will have wishes respected . Approach: allow choices if able, document noncompliance as needed, educate on recommended treatments/md orders as needed, monitor and document ,notify md/rp as needed, respect resident wishes in making choices.</p> <p>Record review of Resident #1's electronic medical record nurse's notes authored by LVN G on 6/10/2022 at 4:35 a.m. revealed staff members assisted the resident with self-care due to incontinence. Staff members noted maggots to her perineum(an area between the thighs that marks the approximate lower boundary of the pelvis and is occupied by the urinary and genital ducts and rectum) and vaginal area. Staff members removed visible maggots off the resident, resident was wiped clean, and the bedding was changed. No areas of skin irritation were noted and Resident #1 denied pain or discomfort. Resident #1 phoned the police department on her personal cell phone, complained of discomfort during care, and both parties hung up the phone. The primary physician was notified. No new orders were given by physician. No medical treatment was required.</p> <p>Record review on 6/14/2022 of HHSC computerized program for tracking facility self-reports revealed the facility did not self-report that Resident #1 had been found with flies and maggots on her on 6/10/2022 by facility staff.</p> <p>During an interview on 6/14/2022 at 3:00 p.m. with the Interim Administrator and the DON, both stated the incident with Resident #1 having flies and maggots on her was not reported to HHSC. When asked why it was not reported, the Interim Administrator stated she was not at the on 6/10/2022, it was the previous Administrator who is no longer here. The DON stated she was not aware she needed to report the incident regarding Resident #1. The DON stated Resident #1 was not harmed, so I did not report it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42402</p> <p>The facility failed to provide a safe, functional, sanitary and comfortable environment of 1 of 6 residents (Resident #1) reviewed for sanitary environment when it failed to provide required structures and processes in order to meet the needs of the residents in that:</p> <p>The facility failed to prevent Resident #1 from having flies and maggots on her and in her room by not repairing a window screen hole, which allowed flies to enter the room.</p> <p>This deficient practice could result in psychosocial harm and or skin integrity of vulnerable residents.</p> <p>The findings were:</p> <p>During an observation and interview on 6/14/2022 at 1:29 p.m. with Certified Medication Aide (CMA) A, revealed flies in Resident #1's room and on Resident #1. Upon entering Resident #1's room there was a heavy smell of urine. CMA A stated , there is a smell of urine in this room (resident #1's room) because she (resident #1) does not let the staff change her in the normal every 2 hours and as needed time frame. CMA A stated, We have a problem with flies, there have been flies for about a month in her room, because she (Resident #1) keeps food open in her room, on her bed and will not let us cover it or remove it. CMA A stated Resident #1 frequently refused care from certain staff members to provide her incontinent care. When asked CMA A had ever seen maggots on Resident #1, she stated, No I just heard the night shift found some on her the other day. Investigator and CMA A observed a hole in the window screen in Resident #1's room on 6/14/2022 at 1:29 p.m. When asked if she knew there was a hole in the window screen, CMA A stated no. She stated she did not think to look at the window screen. She stated if she saw something broken, she would have informed the Maintenance Director or put it in the maintenance logbook which were located at the nurse's station on each side of the building. She stated she had seen the Maintenance Director spray insecticide in Resident #1's room for insects within the past week.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 6/14/2022 at 1:30 p.m. Resident #1 was observed to be in her room in bed. She was awake and alert to person and surroundings. Immediate observation upon entrance to Resident #1's room by the Investigator revealed a full trash can near Resident #1's bed which was full of incontinent wipes and trash , this with a smell of urine permeating from trash can, 5 flies on Resident #1. Two flies were on her left arm, 2 on her blanket which was covering her body and 1 was on the sheet that was over her bed mattress. Resident #1 was asked if she was aware of the flies in her room and she stated, Yes they are always here. They come in through the door of my room. Not the window. I did not have maggots those were wet cracker pieces the other day. When asked where the maggots or alleged cracker pieces were on her body, she stated, I don't know what you are talking about , I just had crackers on my bed and some had fallen underneath me when I was eating them. Further observation revealed Resident unkept, with a package of crackers opened on her bed with crumbs on the bed sheets. The resident had a urine odor. Observation of Resident #1's bed revealed approximately 2 feet from the room window. Observed the window to be open approximately 4 inches from the bottom of the windowsill. Further observation of the window revealed the screen had a 2-inch x 1-inch open hole at the bottom left corner of the screen. There were 2 flies coming in through the window screen hole and a trail of small brown ants on the windowsill coming into Resident #1's room. Interview with Resident #1 revealed she was aware of the flies and stated she did not like them. She stated maintenance had sprayed for bugs, this week but spray would not kill flies. She further stated, a fly swatter would work, but I cannot handle one, I am not fast enough. When investigator asked Resident #1 why her window was open she stated, I like the fresh air coming in. The Investigator asked if her window could be closed at this time to prevent flies from entering the room and Resident #1 stated yes. When asked if she knew there was a hole in the window screen, she stated no.</p> <p>During an observation and interview on 6/14/2022 at 1:35 p.m. with Interim Administrator, she confirmed Resident #1 had flies in her room and on her body. Interim Administrator further observed and confirmed there was a hole at the bottom left corner of the window screen. When asked if she knew there was a hole in the window screen, she stated no. Upon immediate intervention by the investigator, Resident #1 was moved to another room with Resident #1's consent.</p> <p>Record review of facility grievances for April, May, and June 2022 revealed no complaints of flies in rooms or ants in rooms from residents or RP's.</p> <p>Record review of Resident #1's face sheet computer dated 6/14/2022 revealed she was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, altered mental status unspecified, anxiety disorder, chronic obstructive pulmonary disease, post -traumatic stress disorder, borderline personality disorder, bipolar disorder unspecified.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicates cognitively intact. ADL's (activity of daily living) require x2 staff for transfers and daily care. Bedridden.</p> <p>Record review of Resident #1's care plan dated 6/1/2022 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1.Problem start date: 6/1/2022, behavior problem related to bipolar, anxiety. Hoards personal belongings, food, and various other items on self and bed. Goal: Will have behavior identified so that staff may intervene quickly with listed interventions daily, through next review date: target date 9/11/2022. Approach: Administer medications as ordered and monitor for side effects, effectiveness. Explain all procedures before starting to help resident adjust to changes, intervene as needed to protect the rights and safety of others. Approach and speak in a calm manner. Refer to psychiatrist /psychologist as needed. Problem start date :6/14/2022.</p> <p>2.Problem start date: 6/14/2022: Behavioral symptoms; Resident is no compliant with cleaning of room. Resident has potential for negative impact on health r/t failure to recommended treatment. Long term goal: resident /RP (responsible party) will have knowledge of potential for harm related to refusal to follow recommended protocols and will have wishes respected through next quarter. Approach: document non-compliance as needed, educate on importance of cleanliness, respect resident wishes in making choices.</p> <p>3. Problem start date:2/17/2022 category Behavioral symptoms: resident is non-compliant with: personal hygiene regimen, medication regimen, diet/nutritional needs/interventions, pericare, assistance with ADL's . Goal: Resident /RP will have knowledge of potential for harm related to refusal to follow recommended treatments /md orders and will have wishes respected . Approach: allow choices if able, document noncompliance as needed, educate on recommended treatments/md orders as needed, monitor and document ,notify md/rp as needed, respect resident wishes in making choices.</p> <p>Record review of Resident #1's electronic medical record nurses' notes authored by staff member G revealed on 6/10/2022 at 4:35 a.m. revealed {Staff members assisted resident with self-care, due to incontinence. Staff members noted maggots to perineum and vaginal area, staff members removed visible maggots off of resident, resident wiped clean, bedding changed. No areas of skin irritation noted, resident denies pain or discomfort. Resident phoned xx police department on personal cell phone, complained of discomfort during care, both parties hung up the phone. (primary physician exchange) notified.</p> <p>During an interview on 6/14/2022 at 2:30 p.m. the facility Maintenance Director stated he was aware of Resident #1's window screen having a hole in it for approximately three weeks. He stated he had ordered window screen supplies, but they had not come in yet. When asked if he had considered changing the screen out with another screen or patching the screen, he stated no. He further stated he had sprayed insecticide to include flies and ants in Resident #1's room on June 10th, 2022.</p> <p>Record review of maintenance log dated 1/1/2022- 6/14/2022 revealed no documentation of a hole in resident room [ROOM NUMBER].</p> <p>Record review of facility pest control book which included visits by pest control provided by Maintenance Director dated 6/10/2022 revealed maintenance sprayed in Resident #1's room for ants. No documentation of insecticide for flies.</p> <p>During an interview on 6/14/22 at 2:45 p.m. LVN B stated she had heard from multiple staff members that staff on the night shift had found maggots and flies on Resident #1 on 6/10/2022. She stated she was aware Resident #1 would refuse care at times and would keep food in her bed. She stated Resident #1 had been on another hall (hall 300) prior to her being on her current hall (hall 200). LVN B stated she had not worked with Resident #1 prior to 6/14/2022.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a phone interview on 6/14/22 at 8:04 p.m. LVN G stated she worked the 10:00 p.m. to 6:00 a.m. shift on the 6/09/2022 into the morning of 6/10/2022. She stated at approximately 4:30 a.m. on the morning of 6/10/2022, 2 staff members, CNA E and Resident Aide H were assisting Resident #1 with care due to her being incontinent. LVN G stated CNA E and Resident Aide H noted maggots to Resident #1's perineum and vaginal area. She stated CNA E and Resident Aide H removed visible maggots off the resident, the resident was wiped clean, and her bedding was changed. LVN G stated CNA E told her there were ants on Resident #1's bed also. She stated there were no areas of skin irritation reported to her. She stated she was told by CNA E that Resident#1 phoned the local police department and the nearby city police department on her personal cell phone and complained of discomfort during care. She stated Resident #1 frequently called 911 to complain of care and issues at the facility that she did not like. LVN G stated she notified Resident #1's primary physician and received no orders. She stated she reported the occurrence to the oncoming nurse, LVN I. When asked if she saw the maggots herself, she stated no CNA E had thrown all the linens and cleaning materials away before she could do an assessment on Resident #1 and to see the maggots When asked if there was a hole in Resident #1's window screen, she stated she did not look or notice one. She stated she did see the window to her room opened on the day of the reported maggots, but that was nothing unusual as she kept her window open most of the time . She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. She stated she informed the oncoming nurse, LVN I, of ants on Resident #1's floor, under her bed and asked her to inform maintenance to spray insecticide. When asked if Resident #1 was moved to another room due to the ants and flies/maggots she stated no , I did not think about moving her. The aides (E and H) just cleaned up everything. When asked how staff communicates any item that needed repairing or if they saw bugs, she stated they had a communication book for the Maintenance Director to check at each nurse's station and also would tell the oncoming shift, since I work night shift. When asked if she had ever seen flies on Resident #1, she stated she could not recall seeing any. She stated there were fly swatters at the nurse's station to use because there were flies in the facility at times. When asked if the facility was doing anything about the ants or flies, LVN G stated , I assume they are. When asked LVN G how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During an interview on 6/15/2022 at 9:11 a.m. the facility Maintenance Director stated he had sprayed insecticide in Resident #1's room on 6/10/2022 after it was reported to him by staff that there were ants under Resident #1's bed. He stated he saw ants when he sprayed on 6/10/2022. He stated he knew Resident #1 had flies in her room but he thought it was because she had food in her bed. He further stated he did not think about looking at the window or the window screen to see where the flies were coming from. He stated he felt that the ants were coming from the window.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/15/2022 at 9:30 a.m. the facility DON stated she was told on the morning of 6/10/2022 by LVN I that Resident #1 had maggots on her that morning. She stated she went to ask Resident #1 if she could do a full body assessment on her and the resident agreed. The DON stated while performing the assessment she found 3 maggots on Resident #1's abdominal fold. She further revealed she provided teaching to Resident #1 regarding hoarding food and refusing personal care. She stated she requested a total bed bath for Resident #1, but Resident #1 refused. The DON stated it was care planned that Resident #1 refused many things like medications, care and people coming in her room. She stated the resident also refused peri care at that time. The DON further revealed Resident #1 would not go to the shower room to have showers. She stated Resident #1 refused bed bathes more often than not. The DON stated when Resident #1 would let staff bath her, it was a bed bath. The DON stated she notified MHDD and had a teleconference with them and Resident #1. The DON stated during the teleconference Resident #1 denied having anxiety. She stated she requested for MHDD to find placement for Resident #1 due to her refusing care. The DON stated she was not aware of any flies in Resident #1's room prior to the incident on 6/10/2022. The DON stated when she did the assessment, she did see fly activity in room but could not remember how many. She stated she could not remember if she saw any flies post incident. When asked LVN G how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During a phone interview on 6/15/2022 at 11:17 a.m. CNA E stated on 6/10/2022 at approximately 4:30 a.m., Resident #1 had 4 maggots, which were moving, on her peri area and 3 underneath her back on her bed which were moving. She stated, we (CNA E and Resident aide H) were performing incontinent care on Resident #1. CNA E stated she did not tell Resident #1 there were maggots on her to protect her dignity. She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. CNA E stated Resident #1 had flies in her room for about a month prior to finding maggots. She stated she had told the Maintenance Director there were flies in Resident #1's room but could not remember what date. She stated she was aware of the maintenance work logbook on each nurse's station but did not write in it. She stated she told the charge nurse (LVN G) to communicate to maintenance.</p> <p>During a phone interview with Resident #1's Primary Physician on 6/15/2022 at 11:25 a.m. he stated he was aware that Resident #1 had maggots on her on Friday 6/10/2022. He stated, This resident refuses care such as incontinent care, bathing, and changes of clothing from staff and has behavioral issues. He further stated I cannot have her in emergency commitment to an acute psychiatric facility because she does not meet the criteria. She is not of harm to herself or others. She does refuse her medications except for her pain medication. He stated the facility had given Resident #1's Responsible Party a 30-day notice to discharge, but there were no facilities that would take Resident #1 due to her behaviors and refusal of care. The Primary Physician stated he was seeing Resident #1 weekly for mental health services due to no psychology/psychiatrist services available at this time. He further revealed he did not provide any new orders for Resident #1, because he felt there was none needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a phone interview on 6/15/2022 at 1:23 p.m. the prior Administrator stated she was working on 6/10/2022 as the facility Administrator and further revealed that was her last day at the facility. She stated she was aware of Resident #1 having flies and maggots on her the morning of 6/10/2022. She stated she did not report it to HHSC because there was no harm to the resident. She stated she contacted the assigned ombudsman regarding Resident #1's behaviors regarding refusing incontinent care, bathing and also the flies and maggots that were on Resident #1. She stated the Maintenance Director had sprayed pesticide in Resident #1's room on 6/10/2022. She stated she knew of no other time Resident #1 had flies on her.</p> <p>During an interview on 6/15/2022 at 2:38 p.m. RN F stated approximately 2 weeks ago he went into Resident #1's room in the morning and found Resident #1 in bed with trash in the bed and on the floor. He stated there were numerous flies in the room. He stated he asked the resident why there was trash everywhere and she replied, I threw it on the floor. They moved my trashcan. He stated she was complaining about numerous horsefly bites on her. He stated he did not see any fly bites on her. When asked what he did when he saw the numerous flies in her room, he stated he got housekeeping to clean the room. When asked what he did when the resident said she had horsefly bites, he stated he asked her to let him see them and she refused. He stated the resident refused care from staff frequently, not allowing them to provide incontinent care or to bath her. He stated he did not think to look at the window screen to see if the flies were coming in through it. He stated he would have shut the window and informed the Maintenance Director of any concerns. When asked if he was aware of a hole in the window screen, he stated he was not.</p> <p>Record review of Resident #1 electronic medical record nurses' notes authored by Staff Member F dated 6/4/2022 at 2:31 p.m. revealed {0815} 8:15 a.m. pt (patient) found in room in bed surrounded by trash in the bed and on the floor with numerous flies in room, I asked why there was trash everywhere pt stated, I've just been throwing it in the trashcan, they must have moved it. Pt c/o (complaint of) numerous horsefly bites spo2(SpO2 stands for peripheral capillary oxygen saturation, an estimate of the amount of oxygen in the blood.) 97 on O2(oxygen) 2lpm nc(2 liters per nasal cannula of oxygen) hr(heart rate)=98 pain=9/10 to legs, was already medicated temp(temperature)=98.1. }</p> <p>The facility Regional Nurse Consultant stated there was not a policy for maintaining structures such as window screens.</p> <p>Record Review of facility policy dated 2001 and revised 2008: Titled Pest control ; policy statement; our facility shall maintain an effective pest control program. Policy interpretation and implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 3. Windows are screened at all times.5. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42402</p> <p>Based on observation, interviews, and record reviews the facility failed to maintain an effective pest control program to ensure the facility was free of pests in 1 of 6 Resident rooms (Resident #1) reviewed for the presence of pests in that:</p> <p>The facility failed to ensure Resident #1's room remained free from flies. On 6/10/2022 Resident #1 was found with maggots on her body.</p> <p>This deficient practices could place residents at risk of not receiving the necessary care and place them at risk of a decline in health and/or death.</p> <p>The findings were:</p> <p>During an observation and interview on 6/14/2022 at 1:29 p.m. with Certified Medication [NAME] (CMA) A, revealed flies in Resident #1's room and on Resident #1. Upon entering Resident #1's room there was a heavy smell of urine. CMA A stated , there is a smell of urine in this room (resident #1's room) because she (resident #1) does not let the staff change her in the normal every 2 hours and as needed time frame. CMA A stated, We have a problem with flies, there have been flies for about a month in her room, because she (Resident #1) keeps food open in her room, on her bed and will not let us cover it or remove it. CMA A stated Resident #1 frequently refused care from certain staff members to provide her incontinent care. When asked CMA A had ever seen maggots on Resident #1, she stated, No I just heard the night shift found some on her the other day. Investigator and CMA A observed a hole in the window screen in Resident #1's room on 6/14/2022 at 1:29 p.m. When asked if she knew there was a hole in the window screen, CMA A stated no. She stated she did not think to look at the window screen. She stated if she saw something broken, she would have informed the Maintenance Director or put it in the maintenance logbook which were located at the nurse's station on each side of the building. She stated she had seen the Maintenance Director spray insecticide in Resident #1's room for insects within the past week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 6/14/2022 at 1:30 p.m. Resident #1 was observed to be in her room in bed. She was awake and alert to person and surroundings. Immediate observation upon entrance to Resident #1's room by the Investigator revealed a full trash can near Resident #1's bed which was full of incontinent wipes and trash , this with a smell of urine permeating from trash can, 5 flies on Resident #1. Two flies were on her left arm, 2 on her blanket which was covering her body and 1 was on the sheet that was over her bed mattress. Resident #1 was asked if she was aware of the flies in her room and she stated, Yes they are always here. They come in through the door of my room. Not the window. I did not have maggots those were wet cracker pieces the other day. When asked where the maggots or alleged cracker pieces were on her body, she stated, I don't know what you are talking about , I just had crackers on my bed and some had fallen underneath me when I was eating them. Further observation revealed Resident unkept, with a package of crackers opened on her bed with crumbs on the bed sheets. The resident had a urine odor. Observation of Resident #1's bed revealed approximately 2 feet from the room window. Observed the window to be open approximately 4 inches from the bottom of the windowsill. Further observation of the window revealed the screen had a 2-inch x 1-inch open hole at the bottom left corner of the screen. There were 2 flies coming in through the window screen hole and a trail of small brown ants on the windowsill coming into Resident #1's room. Interview with Resident #1 revealed she was aware of the flies and stated she did not like them. She stated maintenance had sprayed for bugs, this week but spray would not kill flies. She further stated, a fly swatter would work, but I cannot handle one, I am not fast enough. When investigator asked Resident #1 why her window was open she stated, I like the fresh air coming in. The Investigator asked if her window could be closed at this time to prevent flies from entering the room and Resident #1 stated yes. When asked if she knew there was a hole in the window screen, she stated no.</p> <p>During an observation and interview on 6/14/2022 at 1:35 p.m. with Interim Administrator, she confirmed Resident #1 had flies in her room and on her body. Interim Administrator further observed and confirmed there was a hole at the bottom left corner of the window screen. When asked if she knew there was a hole in the window screen, she stated no. Upon immediate intervention by the investigator, Resident #1 was moved to another room with Resident #1's consent.</p> <p>Record review of Resident #1's face sheet computer dated 6/14/2022 revealed she was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, altered mental status unspecified, anxiety disorder, chronic obstructive pulmonary disease, post -traumatic stress disorder, borderline personality disorder, bipolar disorder unspecified.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicates cognitively intact. ADL's (activity of daily living) require x2 staff for transfers and daily care. Bedridden.</p> <p>Record review of Resident #1's care plan dated 6/1/2022 revealed the following:</p> <p>1.Problem start date: 6/1/2022, behavior problem related to bipolar, anxiety. Hoards personal belongings, food, and various other items on self and bed. Goal: Will have behavior identified so that staff may intervene quickly with listed interventions daily, through next review date: target date 9/11/2022. Approach: Administer medications as ordered and monitor for side effects, effectiveness. Explain all procedures before starting to help resident adjust to changes, intervene as needed to protect the rights and safety of others. Approach and speak in a calm manner. Refer to psychiatrist /psychologist as needed. Problem start date :6/14/2022.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.Problem start date: 6/14/2022: Behavioral symptoms; Resident is no compliant with cleaning of room. Resident has potential for negative impact on health r/t failure to recommended treatment. Long term goal: resident /RP (responsible party) will have knowledge of potential for harm related to refusal to follow recommended protocols and will have wishes respected through next quarter. Approach: document non-compliance as needed, educate on importance of cleanliness, respect resident wishes in making choices.</p> <p>3. Problem start date:2/17/2022 category Behavioral symptoms: resident is non-compliant with: personal hygiene regimen, medication regimen, diet/nutritional needs/interventions, pericare, assistance with ADL's . Goal: Resident /RP will have knowledge of potential for harm related to refusal to follow recommended treatments /md orders and will have wishes respected . Approach: allow choices if able, document noncompliance as needed, educate on recommended treatments/md orders as needed, monitor and document ,notify md/rp as needed, respect resident wishes in making choices.</p> <p>Record review of Resident #1's electronic medical record nurses' notes authored by LVN G revealed on 6/10/2022 at 4:35 a.m. revealed {Staff members assisted resident with self-care, due to incontinence. Staff members noted maggots to perineum and vaginal area, staff members removed visible maggots off of resident, resident wiped clean, bedding changed. No areas of skin irritation noted, resident denies pain or discomfort. Resident phoned xx police department on personal cell phone, complained of discomfort during care, both parties hung up the phone. (primary physician exchange) notified.</p> <p>During an interview on 6/14/2022 at 2:20 p.m. the Housekeeping Director stated she was aware of Resident #1 refusing to allow housekeeping services, which include sweeping and mopping room floor and picking up trash.</p> <p>During an interview on 6/14/2022 at 2:30 p.m. the facility Maintenance Director stated he was aware of Resident #1's window screen having a hole in it for approximately three weeks. He stated he had ordered window screen supplies, but they had not come in yet. When asked if he had considered changing the screen out with another screen or patching the screen, he stated no. He further stated he had sprayed insecticide to include flies and ants in Resident #1's room on June 10th, 2022.</p> <p>Record review of maintenance log dated 1/1/2022- 6/14/2022 revealed no documentation of a hole in resident room [ROOM NUMBER].</p> <p>Record review of facility pest control book which included visits by pest control provided by Maintenance Director dated 6/10/2022 revealed maintenance sprayed in Resident #1's room for ants. No documentation of insecticide for flies.</p> <p>During an interview on 6/14/22 at 2:45 p.m. LVN B stated she had heard from multiple staff members that staff on the night shift had found maggots and flies on Resident #1 on 6/10/2022. She stated she was aware Resident #1 would refuse care at times and would keep food in her bed. She stated Resident #1 had been on another hall (hall 300) prior to her being on her current hall (hall 200). LVN B stated she had not worked with Resident #1 prior to 6/14/2022.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/14/22 at 8:04 p.m. LVN G stated she worked the 10:00 p.m. to 6:00 a.m. shift on the 6/09/2022 into the morning of 6/10/2022. She stated at approximately 4:30 a.m. on the morning of 6/10/2022, 2 staff members, CNA E and Resident Aide H were assisting Resident #1 with care due to her being incontinent. LVN G stated CNA E and Resident Aide H noted maggots to Resident #1's perineum and vaginal area. She stated CNA E and Resident Aide H removed visible maggots off the resident, the resident was wiped clean, and her bedding was changed. LVN G stated CNA E told her there were ants on Resident #1's bed also. She stated there were no areas of skin irritation reported to her. She stated she was told by CNA E that Resident#1 phoned the local police department and the nearby city police department on her personal cell phone and complained of discomfort during care. She stated Resident #1 frequently called 911 to complain of care and issues at the facility that she did not like. LVN G stated she notified Resident #1's primary physician and received no orders. She stated she reported the occurrence to the oncoming nurse, LVN I. When asked if she saw the maggots herself, she stated no CNA E had thrown all the linens and cleaning materials away before she could do an assessment on Resident #1 and to see the maggots When asked if there was a hole in Resident #1's window screen, she stated she did not look or notice one. She stated she did see the window to her room opened on the day of the reported maggots, but that was nothing unusual as she kept her window open most of the time . She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. She stated she informed the oncoming nurse, LVN I, of ants on Resident #1's floor, under her bed and asked her to inform maintenance to spray insecticide. When asked if Resident #1 was moved to another room due to the ants and flies/maggots she stated no , I did not think about moving her. The aides (E and H) just cleaned up everything. When asked how staff communicates any item that needed repairing or if they saw bugs, she stated they had a communication book for the Maintenance Director to check at each nurse's station and also would tell the oncoming shift, since I work night shift. When asked if she had ever seen flies on Resident #1, she stated she could not recall seeing any. She stated there were fly swatters at the nurse's station to use because there were flies in the facility at times. When asked if the facility was doing anything about the ants or flies, LVN G stated , I assume they are. When asked LVN G how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During an interview on 6/15/2022 at 9:11 a.m. the facility Maintenance Director stated he had sprayed insecticide in Resident #1's room on 6/10/2022 after it was reported to him by staff that there were ants under Resident #1's bed. He stated he saw ants when he sprayed on 6/10/2022. He stated he knew Resident #1 had flies in her room but he thought it was because she had food in her bed. He further stated he did not think about looking at the window or the window screen to see where the flies were coming from. He stated he felt that the ants were coming from the window.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/15/2022 at 9:30 a.m. the facility DON stated she was told on the morning of 6/10/2022 by LVN I that Resident #1 had maggots on her that morning. She stated she went to ask Resident #1 if she could do a full body assessment on her and the resident agreed. The DON stated while performing the assessment she found 3 maggots on Resident #1's abdominal fold. She further revealed she provided teaching to Resident #1 regarding hoarding food and refusing personal care. She stated she requested a total bed bath for Resident #1, but Resident #1 refused. The DON stated it was care planned that Resident #1 refused many things like medications, care and people coming in her room. She stated the resident also refused peri care at that time. The DON further revealed Resident #1 would not go to the shower room to have showers. She stated Resident #1 refused bed bathes more often than not. The DON stated when Resident #1 would let staff bath her, it was a bed bath. The DON stated she notified MHDD and had a teleconference with them and Resident #1. The DON stated during the teleconference Resident #1 denied having anxiety. She stated she requested for MHDD to find placement for Resident #1 due to her refusing care. The DON stated she was not aware of any flies in Resident #1's room prior to the incident on 6/10/2022. The DON stated when she did the assessment, she did see fly activity in room but could not remember how many. She stated she could not remember if she saw any flies post incident. When asked LVN G how she thought the ants and maggots/flies could have gotten on Resident #1's perineum she stated she felt that since Resident #1 refuses incontinent care and cleaning of her room very frequently, they probably were attracted to her. She further revealed Resident #1 kept open food products and drinks in her room so the ants and flies/maggots could be attracted to that.</p> <p>During a phone interview on 6/15/2022 at 11:17 a.m. CNA E stated on 6/10/2022 at approximately 4:30 a.m., Resident #1 had 4 maggots, which were moving, on her peri area and 3 underneath her back on her bed which were moving. She stated, we (CNA E and Resident aide H) were performing incontinent care on Resident #1. CNA E stated she did not tell Resident #1 there were maggots on her to protect her dignity. She stated she did not think to look at the window screen to see if there was a hole in it for flies to enter. CNA E stated Resident #1 had flies in her room for about a month prior to finding maggots. She stated she had told the Maintenance Director there were flies in Resident #1's room but could not remember what date. She stated she was aware of the maintenance work logbook on each nurse's station but did not write in it. She stated she told the charge nurse (LVN G) to communicate to maintenance.</p> <p>During a phone interview with Resident #1's Primary Physician on 6/15/2022 at 11:25 a.m. he stated he was aware that Resident #1 had maggots on her on Friday 6/10/2022. He stated, This resident refuses care such as incontinent care, bathing, and changes of clothing from staff and has behavioral issues. He further stated I cannot have her in emergency commitment to an acute psychiatric facility because she does not meet the criteria. She is not of harm to herself or others. She does refuse her medications except for her pain medication. He stated the facility had given Resident #1's Responsible Party a 30-day notice to discharge, but there were no facilities that would take Resident #1 due to her behaviors and refusal of care. The Primary Physician stated he was seeing Resident #1 weekly for mental health services due to no psychology/psychiatrist services available at this time. He further revealed he did not provide any new orders for Resident #1, because he felt there was none needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/15/2022 at 1:23 p.m. the prior Administrator stated she was working on 6/10/2022 as the facility Administrator and further revealed that was her last day at the facility. She stated she was aware of Resident #1 having flies and maggots on her the morning of 6/10/2022. She stated she did not report it to HHSC because there was no harm to the resident. She stated she contacted the assigned ombudsman regarding Resident #1's behaviors regarding refusing incontinent care, bathing and also the flies and maggots that were on Resident #1. She stated the Maintenance Director had sprayed pesticide in Resident #1's room on 6/10/2022. She stated she knew of no other time Resident #1 had flies on her.</p> <p>During an interview on 6/15/2022 at 2:38 p.m. RN F stated approximately 2 weeks ago he went into Resident #1's room in the morning and found Resident #1 in bed with trash in the bed and on the floor. He stated there were numerous flies in the room. He stated he asked the resident why there was trash everywhere and she replied, I threw it on the floor. They moved my trashcan. He stated she was complaining about numerous horsefly bites on her. He stated he did not see any fly bites on her. When asked what he did when he saw the numerous flies in her room, he stated he got housekeeping to clean the room. When asked what he did when the resident said she had horsefly bites, he stated he asked her to let him see them and she refused. He stated the resident refused care from staff frequently, not allowing them to provide incontinent care or to bath her. He stated he did not think to look at the window screen to see if the flies were coming in through it. He stated he would have shut the window and informed the Maintenance Director of any concerns. When asked if he was aware of a hole in the window screen, he stated he was not.</p> <p>Record review of Resident #1 electronic medical record nurses' notes authored by Staff Member F dated 6/4/2022 at 2:31 p.m. revealed {0815} 8:15 a.m. pt (patient) found in room in bed surrounded by trash in the bed and on the floor with numerous flies in room, I asked why there was trash everywhere pt stated, I've just been throwing it in the trashcan, they must have moved it. Pt c/o (complaint of) numerous horsefly bites spo2(SpO2 stands for peripheral capillary oxygen saturation, an estimate of the amount of oxygen in the blood.) 97 on O2(oxygen) 2lpm nc(2 liters per nasal cannula of oxygen) hr(heart rate)=98 pain=9/10 to legs, was already medicated temp(temperature)=98.1. }</p> <p>The facility Regional Nurse Consultant stated there was not a policy for maintaining structures such as window screens.</p> <p>Record Review of facility policy dated 2001 and revised 2008: Titled Pest control ; policy statement; our facility shall maintain an effective pest control program. Policy interpretation and implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 3. Windows are screened at all times.5. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</p>		