Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022	
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1751 N 15th St Abilene, TX 79603		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			onfidentiality** 45732 office the resident's right to be free sident #4, Resident #5, Resident doneslect. In ad sufficient staffing to prevent re, from a choking episode that led Hall 200/Unit 2 (male secured) Hall 200/Unit 2 (male secured)	

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675746

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022	
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDED OR CURRULED		P CODE	
Coronado Nursing Center			PCODE	
Coronado Naroling Comor		Abilene, TX 79603		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0600	1	sment dated [DATE] Part 3 titled Facility ur Resident Population Every Day and		
Level of Harm - Immediate jeopardy to resident health or safety	Staff:			
Residents Affected - Some	Licensed nurses: Station 2: LVN/R	N Days: 2 and Nights: 2		
	Direct Care Staff/CNAs: Station 2:	Days 8, Evenings 8, Nights 5.		
	Resident #6			
		ctronic face sheet, accessed on [DATE it 1 (male secured locked unit) with diagwing, and depression.		
	Record review of Resident #6's Quarterly MDS, dated [DATE], revealed a BIMS score interview was reperformed. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: B. Delusions. E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed to others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 described Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performan Supervision. 2. Support: One-person physical assist. Section K: Swallowing/Nutrition Status: K0100. Swallowing Disorder: A. Loss of liquids/solids from mouth when eating or drinking. K0510: Nutritional Approaches: C. Mechanically altered diet. D. Therapeutic Diet.			
	Record review of Resident's #6's Care Plan, dated [DATE], revealed: Problem: Nutritional Status Diet. Goal: Maintain Stable Weight. Approach: Diet as ordered: Dysphagia advanced pureed, carbohydrate consistent, and Report problems to charge nurse. Further review of the Care Plan revealed no evidence of interventions to prevent resident choking or stealing food.			
	Record review of Provider Investigation Report, dated [DATE], revealed on [DATE] at approximat PM, [Resident #6] was found unresponsive with no pulse and no reparations. Staff immediately standard [Resident #6] responsive at time of transport. [Resident #6] expelled a portion of food. [Resident pureed diet. [Resident #6] was sent to the emergency room after staff performed CPR. [Resident respond to paramedics that arrived shortly after the 911 call was placed.			
During a random observation on [DATE] at 12:40 PM on Hall 100/Unit 1 (male secured locked unity 9 residents sitting in the dining room. TNA M assisted unsampled resident with eating lunch. CNA unsampled resident with eating lunch. No nurse was observed in the dining room. Resident #6 sa CNA G and was redirected continuously not to grab food from other residents' plates.				
	During an interview attempt on [DATE] at 12:45 PM Resident #6 was unable to answer any questions his level of cognitive impairment.			
	(continued on next page)			
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Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	1 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	secured locked unit), Hall 200/Unit 600/Unit 3 (female secured locked secured locked units. She stated the care. The DON stated station 2 was evenings, and 5 CNAs at night. She night shift 6:00 PM to 6:00 AM. She 2:00 PM to 10:00 PM, and Night shift 6:00 PM to 6:00 AM. She 2:00 PM to 10:00 PM, and Night she During an interview on [DATE] at 5 most of the other TNAs were not. Swhen Resident #6 choked. TNA J segenerally the nurse was at the nurse 100/Unit1 (male secured locked unith when she was the only staff on Hall dates and if an emergency occurre until someone heard her. She stated (male secured locked unit) passed TNA that was not CPR and Heimlic locked unit) it would be a very unsa often staffed with only 1 TNA. TNA enough staff to prevent Resident #4 aware that Resident #6 had a histo stated she had not done or receive During an interview on [DATE] at 1 unit. She stated she worked units' a Resident #6 had always tried to ste not state if she reported this to DOI neglect. She stated she would report During an interview on [DATE] at 1 she was not CPR certified and had neglect. She stated she worked alors stated Hall 100/Unit 1 (male secure and one resident who stole food. Swaited until she was done before si Resident #6 continuously while ass during mealtimes. She stated multil not state exactly which resident voil Administrator.	coo PM, TNA J stated she was CPR and the stated worked Hall 100/unit 1 (male stated LVN B was on the unit at the time se's station and not easily accessible. So it) was available and started CPR. TNA I 100/Unit1 (male secured locked unit) d, she would not be able to get help. So it was available and started CPR. TNA I the locked doors and she would not be able to get the locked doors and she would not be the maneuver certified and was alone or the environment. She stated Hall 100/U J stated she believed failure occurred to to get the food from the other residently of stealing food and required enhanced any training at all. She stated she was alone multiple shifts, but she could not all food and he had to be constantly monor administrator. CNA G stated she in the stated she in	Hall 400, Hall 500, and Hall shad 2 CNAs on each of the 3 in the same units for continuity of ad day, 8 CNAs for days and any shift 6:00 AM to 6:00 PM and 0 AM to 2:00 PM, Evening shift and Heimlich maneuver certified but the secured locked unit) on [DATE] are of the incident. She stated the stated the nurse working Hall and J stated there had been times but she could not state the exact the stated she would have scream attention located off Hall 100/Unit1 are able to get help. She stated if an Hall 100/Unit1 (male secured nit1 (male secured locked unit) was because the facility did not have tt's room. TNA J stated she was not ced supervision around food. TNA J is not trained on abuse and neglect. The exact dates. She stated on the exact dates and the exact dates. She did not state the exact dates. She stated state the exact dates. She stated state the exact dates. She stated and had been trained on abuse and the other resident at eating and the other resident atted she also had to redirect a nurses were never on the units but their care and safety but could exported this to DON or

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	but could not state the exact dates locked unit) that did not know the residents that required assistance was worse after he started a puree stated she had been trained on about the facility. She stated she not stated she did not know that Resid at mealtimes. Record review of the facility employ CNAs (1 of the 2 was Agency), and Record review of the facility daily s 100/Unit 1 (male secured locked unknown behaviors. Resident #5 Record review of Resident #5's eleadmitted to the facility on [DATE] to Schizophrenia, Bipolar disorder, and Record review of Resident #5's Disindicated severe cognitive impairm Symptoms: A. Physical behavioral behavioral symptoms directed towards others occurred 4 Wandering: occurred 1 to 3 days. Sentipsychotic 7. Record review of Resident's #5's Cobe evaluated or quantified were: Pin Approach: Assess, monitor, and do Problem: Behavioral Symptoms. Geredirect as needed. Staff will notify Use. Goal: Benefit without side effer reduction, Monitor for side effects,	scharge MDS, dated [DATE], revealed ent. The MDS revealed: Section E: Bel symptoms directed towards others occurds others occurded 1 to 3 days. C. Ot to 6 days. E0800. Rejection of Care: Official Common Co	ff on Hall 100/Unit 1 (male secured 1 (male secured 1 (male secured locked unit) had 2 d always tried to steal food and it 1 this to DON or Administrator. She report abuse to the Administrator. Increase and had worked every chaviors or abuse and neglect. She aling food and was to be monitored evealed Station 2 had 2 LVNs, 2 chere were 2 TNAs assigned to Hall and census of 12 residents with E], revealed an [AGE] year-old male unit) with diagnoses which included as BIMS score of 07, which navior: E0200. Behavioral curred 1 to 3 days. B. Verbal her behavioral symptoms not Docurred 1 to 3 days. E0900 is received in the last 7 days. A. Dispectives that lacked the ability to express/exhibit satisfaction. In to concerns, Meds as ordered. Cal aggression. Approach: Staff will irs. Problem: Psychotropic Drug if needed, Gradual dose

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For information on the nursing nomes	pian to correct this deliciency, please con	tact the nursing nome of the state survey	agency.
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of Resident #2's ele admitted on [DATE] to Hall 200/Uni Schizoaffective disorder, Bipolar, d Record review of Resident #2's Dis was not performed. The MDS rever behavioral symptoms directed towards others occurred 1 to 3 day Antidepressant 7. Record review of Resident's #2's C evaluated or quantified were: Probl Refer to Social Services if needed, behaviors. Problem: Psychosocial Allow to express feelings, Listen ca cheerful, Customary routines adher satisfaction. Approach: Assess, mo as ordered. Resident #4 Record review of Resident #4's ele admitted to the facility on [DATE] to included: Dementia, Bipolar disorder Record review of Resident #4's Disindicated moderate cognition impainal Symptoms: A. Physical behavioral behavioral symptoms directed towards expression towards others and impulsiveness of Resident from other resident's room designed therapeutic unit, and Avoot towards others and impulsiveness aggression towards others over the unacceptable, Keep environment content in the day room around others if the inappropriate with others. Record review of progress note data.	ctronic face sheet, accessed on [DATE it2 (male secured locked unit) with diagrementia, and depression. Incharge MDS, dated [DATE], for Reside aled: Section E: Behavior: E0200. Behavior section N: Medications: Number of control of the secured of	ent # 2 revealed a BIMS interview avioral Symptoms: A. Physical roal behavioral symptoms directed days received in the last 7 days. C. objectives lacked the ability to be lefit without side effects. Approach: de effects, Monitor target /exhibit satisfaction Approach: opics of conversation light and Goal: Resident will express/exhibit ing and listen to concerns, Meds E.], revealed a [AGE] year-old male unit) with diagnoses which BIMS score of 08, which Behavior: E0200. Behavioral urred 1 to 3 days. B. Verbal D. Wandering: occurred 1 to 3 days. httpsychotic 7 C. Antidepressant 7. Delem: Resident exhibits wandering of 90 days. Approach: Remove int for placement in a specially all Symptoms [DATE] aggression isodes of Verbal and/or physical in public area when behavior is all activities, Redirect me when I am st me to a quiet area if I become

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			BIMS interview was not ymptoms: A. Physical behavioral cations: Number of days received in em: I was exhibiting physically altercations over the next 90 days. muli and monitor for pain, injuries. E], revealed a [AGE] year-old male gnoses which included anxiety, a BIMS interview was not eccived in the last 7 days. A. em: Mood remains agitated and in. Approach: Assess, monitor, and activities, and Meds as ordered. E], revealed a [AGE] year-old male gnoses which included heart a BIMS score of 07, which Behavior: E0200 Behavior and 1 to 3 days. Section N: int 7.

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F 0600 Level of Harm - Immediate jeopardy to resident health or	Record review of Resident #1's electronic face sheet, accessed on [DATE], revealed a [AGE] year-old admitted on [DATE] on Hall 200/Unit2 (male secured locked unit) with diagnoses which included: seizu dementia, fractured lumbar, and depression.			
safety Residents Affected - Some	Record review of Resident #1's Discharge MDS, dated [DATE], for Resident #1 revealed a BIM which indicated severe cognitive impairment. The MDS revealed: Section E: Behavior: E0200. Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. behavioral symptoms directed towards others occurred 1 to 3 days. E0900 Wandering: occurred Section N: Medications: Number of days received in the last 7 days. C. Antidepressant 7.			
	Record review of Resident's #1's Care Plan, dated [DATE], revealed: Problem: Resident exhibits wandering as evidence by resident went out the side gate to the front door Goal: Resident will wander safely within specified boundaries. Approach: Place resident in a secure environment, Remove resident from other resident's rooms and unsafe situations, and Avoid over-stimulation.			
	Record review of the Provider Investigation Report, dated [DATE], revealed on [DATE], at 2:00 PM, [Resident #5] was leaning against the door frame with arms crossed and an agitated expression on his face arguing with a nurse stating. 'Get him out of my room.' ADON got closer and was able to see why they were unable to move [Resident #2]. [Resident #2] was sent to the emergency room for a suspected fracture of the hip. [Resident #5] stated, 'He was eating my snacks, so he told him to get out. When [Resident # 2] did not leave, I pushed him' room. [Resident #2] was assessed and 911 called. Resident went to the hospital and was later admitted for delirium with no fracture noted.			
	Record review of the facility emploi CNAs (5 agency and 1 TNA) worki	yee timecards for [DATE] at 2:35 PM reng with a census of 110.	evealed Station 2 had 2 LVNs, 6	
		dule, dated [DATE], revealed there was nit), which had a census of 18 residents		
	Record review of the Provider Investigation Report, dated [DATE], revealed on [DATE] at 7:00 PM a [CNA C] reporter she was sitting at the desk in the day room (CNA E was helping the residents come smoking) when she heard [Resident #4] yelling 'get the hell out of my room'. [CNA C] entered room NUMBER]. [Resident #1] was lying on the floor in the room. [Resident #4] was pulling [Resident #1] legs. [CNA C] separated the residents. [Resident #1] started kicking at [CNA C] so that he could promate for the following properties of the way to get back to contact with [Resident #1] again. [Resident #4] pushed [CNA C] out of the way to get back to contact with [Resident #1] again. [Resident #4] made second contact with [Resident #1]. Per [CNA c) statement [Resident #4] pulled at [Resident #1's] arm and face. [CNA C] stepped in between reside separate the residents again. Nurse was called and assessment begun. 911 was called for [Resident appropriate notifications made. Resident was sent out with EMS to the hospital. [Resident #4] received increase in supervision until he was sent to a behavior health hospital on [DATE] early morning.			
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on [DATE] at 4 15-minute checks immediately follo discharged to a local behavior heal facility had implemented to protect playing the radio because Residen [DATE] and his Seroquel and Zolof Depakote was increased. He stated During an interview on [DATE] at 5 unit) alone when on [DATE] when If She stated the charge nurse was n and heard Resident #4 yelling from Resident #1 was lying in the floor a attempted to separate the residents pushed her out of the way and gral them again and CNA E came in fro then ran to get help from a nurse. See return through 2 locked doors with received any special training to won no orientation to the facility, and sh worked halls alone with no other ai rare that she worked with another of C stated she was not aware that Re During an interview on [DATE] at 5 any specialized training to work with work specific halls in the facility, an very hard to locate and were only of from the CNA leaving from the prev take residents out for their smoke it could not state the exact dates. Sh she was not aware that Resident # she had been outside with the reside CNA C screaming for help. She sta	:00 PM, the Administrator stated Residowing the resident-to-resident altercation the hospital on [DATE]. The Administrat Resident #1 from abuse was consultating the Hospital on the Hospital on the Hospital Resident #1 liked to dance. He stated Resident the Hospital Resident #1 and Resident #4 got into a got on the unit and rarely was on Hall Resident #1 and Resident #4 got into a got on the unit and rarely was on the unit room [ROOM NUMBER]. She stated was not a room the unit and rarely was on the unit room the Hospital Resident #1 was still lying on the good Resident #1 was still lying on the good Resident #1 by the arms and face and being outside with the residents who had to go through 2 the nurse. CNA C stated she was an age that the nurse with residents with behaviors or abuse and do not sign any training or orientation des many times, but she could not state CNA. She did not state if she reported the sident #4 or Resident #1 had any history and the hall to pass medications. She stavious shift, but not often. She stated who areak and leave the rest of the resident worked every hall in the facion the hall to pass medications. She stavious shift, but not often. She stated who areak and leave the rest of the resident to the did not state if she reported this to D4 or Resident #1 had any history of bed dents on their smoke break when she residents on their smoke break when she residents or the residents. CNA E stated or the residents. CNA E stated or the residents.	ent #4 was placed on every n and continued until he was or stated the only interventions the ion with psychiatric services and #4 had been aggressive on ive again on [DATE] and his r interventions. 200/Unit 2 (male secured locked resident-to-resident altercation. it. She stated she was at the desk when she entered, she saw ss the room. She stated she floor kicking and Resident #4 e. CNA C stated she separated o were smoking. She stated CNA E locked doors to get help and then gency CNA and she had not se and neglect. She stated she had e the exact dates. She stated it was his to DON or Administrator. CNA ory of behaviors. Incy CNA and she had not received d neglect. She stated she did not lity. She stated the nurses were sted sometimes she received report ten she worked alone, she had to so on the hall unattended, but she DN or Administrator. CNA E stated naviors. CNA E stated on [DATE] e-entered the building and heard rough 2 locked doors then go back
	Resident #4 or Resident #1 had any history of behaviors. Record review of the facility employee timecards for [DATE] at 6:58 PM revealed Station 2 had 2 LV CNAs (4 of the 5 were agency, and 1 TNA) working with a census of 108. Record review of the facility staff schedule, dated [DATE], revealed there were 2 agency CNAs work 200/Unit 2 (male secured locked unit), which had a census of 18 residents with known aggressive be		
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of the Provider Investigation Report, dated [DATE], revealed on [DATE] at 5:45 PM, CNA reported she heard a commotion and saw [Resident #3] sitting in a dining room chair with [Resident #1] standing over him. Both residents were immediately separated. [Resident #1] sustained red marks to the nose and left cheek and a nosebleed. [Resident #3] assessment showed 1.5 x 1.5 bump/bruise to left eye, 2. 5 cm x 2 cm bruise/redness to right side of neck, and no other injuries. [Resident #1] upper lip appeared slightly swollen. An abrasion to the right side of the neck. [Resident #1] was placed on 15-minute checks with increased supervision while out in the common area.			
	Record review of the facility employ CNAs (1 agency and 4 TNAs) work	yee timecards for [DATE] at 5:45 PM re cing with a census of 108.	evealed Station 2 had 2 LVNs, 4	
		dule, dated [DATE], revealed there was nit), which had a census of 18 residents		
	Record review of the Provider Investigation Report, dated [DATE], revealed on [DATE] at 3:15 PM, CNA reported [Resident #9] hit [Resident #1] in the face multiple times. CNA separated and notified the nurse. [Resident #1] had a 1.8 cm x 2.8 cm discolored raised area under his left eye and a superficial abrasion 0.8 cm x 2.8 cm to neck under left ear. [Resident #10] was placed on 15-minute checks.			
	During a telephone interview on [DATE] at 12:15 PM, TNA N stated she no longer worked for the facility. Sh stated she voiced her concerns about working alone on the hall's multiple times to the Administrator and the DON. She stated she received no CNA training and no training regarding behaviors or abuse and neglect. She stated she worked alone most of her shifts, but she could not state the exact dates. She stated she was alone on Hall 200/Unit 2 (male secured locked unit) when Resident #1 and Resident #3 got into resident-to-resident altercation on [DATE]. She stated she had to scream for help and a LVN P at the nurse' station behind the locked doors heard her and came to help her. She stated after the altercation, Resident # was placed on every 15-minute checks. She stated the facility did not provide another staff member to help. She stated she was required to perform 15-minute checks on Resident #9 and care for the other residents alone for the rest of her shift. Record review of 15-minute check documentation revealed no signatures of who performed the checks. The document just provided the location of Resident #9 every 15-minutes. Record review of the facility employee timecards for [DATE] at 3:55 PM revealed Station 2 had 2 LVNs, 1 CNAs, and 1 TNAs working with a census of 108.			
	Record review of the facility staff so	chedule, dated [DATE], revealed 7 nurs	sing aides.	
	Record review of the facility staff schedule, dated [DATE], revealed there was 1 TNA working Hall 200/Uni (male secured locked unit), without the supervision of a CNA, with a census of 18 residents with known aggressive behaviors.			
	Record review of the Provider Investigation Report, dated [DATE], revealed on [DATE] at 4:29 PM, [Resider #10] pushed [Resident #1] against the wall and [Resident #1] slid down the wall. [Resident #1] complained of lower back pain. X-ray results showed acute L1 compression fracture.			
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			got into a resident-to-resident and come to the unit to relieve her ad to leave the unit unsupervised to edications. She stated she always dishe received no training and was about working alone, especially sed she was aware of the resident ured locked unit) since she was ortable. She stated she was not evealed Station 2 had 2 LVNs, 2 was 1 TNA working Hall 200/Unit 2 us of 18 residents with known of who performed the checks. The never had enough staff. He stated grabout it. Resident #8 stated he facility. The resident stated that he had and never got the help he eno one helped him. He stated there are not feel free from abuse and ted an 8-hour online course, they ed by the DON, ADON or CNAs. Ervision. She stated she never nounits without CNA supervision. Ed if an emergency did happen ways adequality staffed but did not dishe had worked on a unit alone ed that she was an agency CNA

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For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete that can be measured. **NOTE- TERMS IN BRACKETS H Based on interviews and record reversion person-centered care plan based of quantified to attain or maintain the well-being for 4 (Resident #1, Resigneric comprehensive person-cer) 1. The facility failed to develop care such as mood state, behavioral syr) 2. The facility failed to develop care such as psychotropic drug use, p	e care plan that meets all the resident's NAVE BEEN EDITED TO PROTECT Coviews, the facility failed to develop and an assessed needs with measurable obtained and assessed needs with measurable obtained and the sident's highest practicable physical, dent #2, Resident #4, and Resident #5	implement a comprehensive objectives that can be evaluated or mental, and psychosocial of of 16 residents reviewed for measurable objectives in areas for Resident #2. measurable objectives in areas for Resident #2. measurable objectives in areas for Resident #5. ceiving care and services to meet 2022 revealed a [AGE] year-old rectured lumbar, and depression. BIMS score of 03 indicating severe realed: Section E: Behavior: E0200. In the socurred 1 to 3 days. B. In the so

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZI 1751 N 15th St Abilene, TX 79603	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Record review of Resident's #1's Care Plan dated 05/25/2022 revealed the objectives lacked the abievaluated or quantified were: Problem: Mood State Goal: Resident will express/exhibit satisfaction.		press/exhibit satisfaction. In to concerns, Meds as ordered. It times. Goals: I will have fewer of physician with any increase in purpose, seemingly oblivious to laries. Approach: Avoid lace resident in a secure ber stated she had never been is for Resident #1's behaviors. 2022 revealed an [AGE] year-old ler, Bipolar, dementia, and BIMS interview was not performed. 30. Behavioral Symptoms: A. ys. B. Verbal behavioral symptoms in the last 7 in the objectives lacked the ability to be defit without side effects. Approach: de effects, Monitor target price of conversation light and Goal: Resident will express/exhibit ring and listen to concerns, Meds in the last 7 in the objectives lacked the ability to be defit without side effects. Approach: defects, Monitor target price of conversation light and Goal: Resident will express/exhibit ring and listen to concerns, Meds in the last 7 in the last 8 in th

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF DROVIDED OD SUDDIU		STREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLII	=R	STREET ADDRESS, CITY, STATE, ZI	PCODE
Coronado Nursing Center		Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident's #4's Care Plan dated 06/29/2022 revealed the objectives lacked the ability to be evaluated or quantified were: Problem: Psychosocial Well-Being Goal: Resident will express/exhibit satisfaction Approach: Allow to express feelings, Listen carefully and be non-judgmental, Keep topics of conversation light and cheerful. Problem: Mood State Goal: Resident will express/exhibit satisfaction. Approach: Assess, monitor, and document mood, Be reassuring and listen to concerns, Meds as ordered. Problem: Cognitive Loss related to dementia Goal: Resident will be as alert and oriented as possible Approach: Anticipate needs and observe for non-verbal cues, Approach in calm manner, Introduce self. Resident #5		
	Record review of Resident #5's ele	ctronic face sheet accessed on 07/14/2 noses to include: Schizophrenia, Bipol	
	Record review of Resident #5's Discharge MDS dated [DATE] revealed a BIMS score of 07 indicating sever cognitive impairment. Further review of MDS revealed: Section E: Behavior: E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. C. Other behavioral symptoms not directed toward others occurred 4 to 6 days. E0800. Rejection of Care: Occurred 1 to 3 days. E0900 Wandering: occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. A. Antipsychotic 7.		
	Record review of Resident's #5's Care Plan dated 06/29/2022 revealed the objectives that lacked the ability to be evaluated or quantified were: Problem: Mood State Goal: Resident will express/exhibit satisfaction. Approach: Assess, monitor, and document mood, Be reassuring and listen to concerns, Meds as ordered. Problem: Behavioral Symptoms. Goals: I will have fewer episode of physical aggression. Approach: Staff will redirect as needed. Staff will notify physician with any increase in behaviors. Problem: Psychotropic Drug Use. Goal: Benefit without side effects. Approach: Refer to Social Services if needed, Gradual dose reduction, Monitor for side effects, Monitor target behaviors.		
	entire interdisciplinary team. She st	4:00 PM, the DON stated she had beer tated they had made care plans the face not measurable. The Don stated not had met.	cilities focus daily. She stated she
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The comprehensive, person-center describe the services that are to be mental, and psychosocial well-bein but are not provided due to the resi E. Include the resident's stated gos problem areas; H. Incorporate risk timetables and objective in measur for each element of care; M. Aid in functional; N. Enhance the optimal O. Reflect current recognized standinterventions are chosen only after	ns, Comprehensive Person-Centered red care plan will: A. include measurable furnished to attain or maintain the resig; C. Describe services that would other ident exercising his or her rights, includes upon admission and desired outcomfactors associated with identified problemable outcomes; L. Identify the profession preventing or reducing decline in the relative of the resident by focusing dards of practice for problem areas and careful data gathering, proper sequence ident's problem areas and their causes.	le objectives and time frames; B. ident's highest practicable physical, erwise be provided for the above, ling the right to refuse treatment; hes G. Incorporate identified erms. Reflect treatment goals, onal services that are responsible esidents functional status and or on a rehabilitative program, and I conditions. Care plan the of events, careful consideration

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NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZI 1751 N 15th St Abilene, TX 79603	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	G SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is accidents. **NOTE- TERMS IN BRACKETS Hased on observations, interview, supervision to prevent accidents for The facility failed to ensure there we the needs of Resident #6 to ensure texture, which resulted in a choking An Immediate Jeopardy (IJ) situating facility remained out of compliance facility's need to evaluate the effect. These failures could place resident event of an emergency, hospitalizate Findings include: Record review of facility assessme Competent Support and Care for one Staff: Licensed nurses: Station 2: LVN/R Direct Care Staff/CNAs: Station 2: Resident #6 Record review of Resident #6's eleadmitted on [DATE] to Hall 100/Undementia, difficulty swallowing, and Record review of Resident #6's Quality performed. Further review of MDS, B. Delusions. E0200. Behavioral Soccurred 1 to 3 days. B. Verbal beld G: Functional Status: G0110. Activ Supervision. 2. Support: One-personal status: G0110. Activ Supervision.	s free from accident hazards and provided and record review, the facility failed to a r 1 of 1 residents (Resident #6) review as sufficient staffing on Hall 100/Unit 1 a he was supervised and did not have a g episode requiring emergency services on was identified on [DATE]. While the at a scope of isolated with actual harm tiveness of their corrective systems. As at risk for choking resident-to-residentions, and death. Intidated [DATE] Part 3 titled Facility Reur Resident Population Every Day and N Days: 2 and Nights: 2 Days 8, Evenings 8, Nights 5. Intidated (DATE) Part 3 titled Facility Reur Resident Population Every Day and N Days: 2 and Nights: 2 Days 8, Evenings 8, Nights 5. Intidated (DATE) Revealed a revealed: Section E: Behavior: E0100 cymptoms: A. Physical behavioral symptoms directed towards of titles of Daily Living Assistance: H. Eating physical assist. Section K: Swallowin uids/solids from mouth when eating or	les adequate supervision to prevent ONFIDENTIALITY** 45732 ensure residents received adequate ed for accidents and supervision. (male secured locked unit) to meet access to food that was the wrong and hospitalization. IJ was removed on [DATE], the at that is not immediate, due to the at altercations, serious harm in the account of the provide account of the pro

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	Record review of Resident's #6's Care Plan dated [DATE] revealed: Problem: Nutritional Status Diet. Goal: Maintain Stable Weight. Approach: Diet as ordered: Dysphagia advanced pureed, carbohydrate consistent, and Report problems to charge nurse. Further review of Care Plan revealed no evidence of interventions to prevent resident choking or stealing food. The Care Plan showed no evidence of supervision needs for Resident #6.		
Residents Affected - Few	During an interview attempt on [DA his level of cognitive impairment. Record review of Provider Investigation pm, [Resident #6] was found unrest [Resident #6] responsive at time of pureed diet. [Resident #6] was sen respond to paramedics that arrived During an observation on [DATE] at residents sitting in the dining room. assisted one unsampled resident wast next to CNA G and was redirect During an Observation on [DATE] of Office Manager and 1 Assistant Bute (male secured locked unit). During an interview on [DATE] at 1 secured locked units. She stated the care. DON stated station 2 was to land 5 CNAs at night. She stated Inc. 6:00 PM to 6:00 AM. She stated Cl. 10:00 PM, and Night shift 10:00 PM. During an interview on [DATE] at 2 received in house training with a Cl. She stated TNAs can do all resider staffed just 1 TNA alone on a unit. She stated TNAs are not CPR and	:40 PM, DON stated TNAs completed a NA, and skills check offs were completent to care task alone without CNA supervisions She stated that she did staff 2 TNAs or Heimlich maneuver certified. She state DON stated the facility is always adeq	[DATE] at approximately 07:30 ons. Staff immediately started CPR. Ition of food. [Resident #6] is on a formed CPR. [Resident #6] did ecured locked unit) revealed 9 ent with eating lunch. CNA G ed in the dining room. Resident #6 other residents' plates. Id locked unit) had 1 Business se was observed on Hall 100/Unit 1 wings: Hall 100/Unit 1 (male Hall 400, Hall 500, and Hall ways had 2 CNAs on each of the 3 on the same units for continuity of ay, 8 CNAs for days and evenings, 200 AM to 6:00 PM and night shift 200 PM, Evening shift 2:00 PM to an 8-hour online course, they ged by the DON, ADON, or CNAs. sion. She stated that she never a units without CNA supervision. Ed if an emergency did happen

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1751 N 15th St Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 3:00 PM, with CNA D she stated she had worked on a unit alone during multiple shifts, but she could not state the exact dates. CNA D stated that she was an agency CNA and was not oriented to the facility or the residents. She stated she did not receive any facility or specialized training for residents with behavioral or psychological issues. CNA D stated it was impossible to take care of the residents appropriately with only on CNA. She stated she was concerned about the residents in the facility safety. She did not state if she reported this to DON or Administrator. During an interview on [DATE] at 4:00 PM, the administrator stated the facility was short staffed. During an interview on [DATE] at 5:00 PM, TNA J stated she was CPR and Heimlich maneuver certified by		
	most of the other TNAs were not. S [DATE] when Resident #6 choked. stated generally the nurse was at tl working Hall 100/Unit1 (male secur been times when she was the only	She stated she was working Hall 100/ur TNA J stated LVN-B was on the unit a ne nurse's station and not easily accested locked unit) was available and start staff on Hall 100/Unit1 (male secured by occurred, she would not be able to g	nit 1 (male secured locked unit) on the time of the incident. She sible. She stated LVN B was ed CPR. TNA J stated there had ocked unit) but she could not state

been times when she was the only staff on Hall 100/Unit1 (male secured locked unit) but she could not state the exact dates and if an emergency occurred, she would not be able to get help. She stated she would have to scream until someone heard her. She stated the nurse would be at the nurses' station located off Hall 100/Unit1 (male secured locked unit) passed the locked doors and she would not be able to get help. She stated if a TNA that was not certified was alone on Hall 100/Unit1 (male secured locked unit) it would be a very unsafe environment. She stated Hall 100/Unit1 (male secured locked unit) was often staffed with only 1 TNA. TNA J stated she believed failure occurred because the facility did not have enough staff to prevent Resident #6 to get the food from the other resident's room. TNA J stated she was not aware that Resident #6 had a history of stealing food and required enhanced supervision around food. TNA J stated she had not done or received any training at all.

During a confidential interview on [DATE] at 11:30 AM, an anonymous staff member stated they were

During a confidential interview on [DATE] at 11:30 AM, an anonymous staff member stated they were uncomfortable with things happening at the facility. The anonymous staff member stated the facility was always short staffed and did not have the staff to appropriately care for the residents with the behavior issues that were being admitted . The anonymous staff member stated they felt that the facility did not having adequate staff to care for the residents. The anonymous staff member did not state if she reported this to DON or Administrator.

During an interview on [DATE] at 5:25 PM, TNA K stated she was not CPR and Heimlich maneuver certified. She stated there had been several times she worked the units alone, but she could not state the exact dates She stated the nurses were rarely on the unit and the nurses were at the nurse's station passed the locked doors. She stated in an emergent situation she would stay with resident and scream for help. TNA K stated if no one came for help she would have to leave the resident unattended, punch in the key code, and push the door open to call for help. TNA K stated she had felt she had been put in an unsafe situation many times. She stated she took an 8-hour course online and CNAs showed her what to do but felt like she was thrown in without adequate training. She stated she did not remember doing any specialized training on caring for residents with behavioral issues. She did not state if she reported this to DON or Administrator.

During an interview on [DATE] at 11:50 AM, the DON stated agency CNAs did not receive any specialized training from the facility. She stated CNAs were given a verbal change of shift report regarding the resident's care needs by the CNAs from the previous shift.

(continued on next page)

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NAME OF PROVIDER OR SUPPLIE Coronado Nursing Center	NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	stated she worked the units alone r properly handle the resident behave which leaded to resident altercation did not state if she reported this to	2:15 PM, CNA F stated she had worke most of her shifts. She stated it was unsions. She stated the facility placed too ras. She stated the nurses were only available. She stated the nurses were only available. 2:30 PM, TNA L stated she had been a	safe and 1 staff was not enough to many untrained staff on the units ailable during medication pass. She
	was never trained or checked off or alone to work on a unit. She stated exact dates. She stated she used h facility did not staff the units with co She stated the facility did not do an	n her skills. She stated she followed a 0 she worked the units alone most of he per personal cell phone to call for help wonsistent staff which she believed contray activities with the residents. TNA C stoget some help. She stated she had	CNA for one shift then was placed r shifts, but she could not state the when she needed it. She stated the ibuted to the resident behaviors. tated she felt the residents were
	unit/hall. She stated she worked un	2:45 PM, CNA G stated the facility was its alone multiple shifts, but she could d to steal food and he had to be consta s to DON or Administrator.	not state the exact dates. She
	she was not CPR and Heimlich ma behaviors. She stated she worked stated Hall 100/Unit 1 (male secure and Resident #6 who stole food. Sh waited until she was done before sh Resident #6 continuously while ass during mealtimes. She stated multi	2:55 PM, TNA M stated she had been a neuver certified and had not received a alone on units almost every shift but conditions alone on units almost every shift but conditions alone to the condition of the could assist one resident he could assist him with eating. She stated she would assist one resident he could assist him with eating. She stated ple residents had voiced concerns about the conditions are should be residents and voiced concerns about the conditions are should be residents. She did not state if she residents had voiced concerns about the conditions are should be residents.	any training regarding resident's buld not state the exact dates. She at that required feeding assistance to eating and the other resident ated she also had to redirect I nurses were never on the units at their care and safety but could
	passing medications. She stated sh She stated she received no training concerns about working alone, esp	ATE] at 5:00 PM, TNA O stated the number always worked the halls alone, but so and was thrown into working the halls ecially because she was pregnant with use she felt unsafe and uncomfortable	he could not state the exact dates. alone. She stated she voiced her the Administrator and the DON.
	any special training to work with res and she did not sign any training or other aides many times, but she co	:30 PM, CNA C stated she was an age sidents with behaviors. She stated she orientation paperwork. She stated she uld not state the exact dates. She state the reported this to DON or Administration.	had no orientation to the facility, had worked halls alone with no ed it was rare that she worked with
	(continued on next page)		

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NAME OF DROVIDED OD SUDDIUS	-n	CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIE	ER .	STREET ADDRESS, CITY, STATE, ZI	PCODE
Coronado Nursing Center		Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 05:55 PM, LVN A stated she was covering as a nurse aide for hall 300 as well as being the nurse on duty for Hall 100/Unit 1 (male secured locked unit), Hall 200/Unit 2 (male secured locked unit), and half of Hall 300. She stated the other nurse was covering as a nurse aide for hall 400 as well as being the nurse on duty for Hall 600/Unit 3 (male secured locked unit) and hall 300. She stated that on occasion she had to work as nurse and aide, but she could not state the exact dates. She stated that it was crazy because she had 37 residents and 8 blood sugars to be completed on her shift. She stated that she came in early and left late for many shifts. She stated that the regular staff knew the resident's triggers, but the agency staff did not know the resident's triggers. She stated that she had told management that she would not be able to train a new nurse properly.		
	During a telephone interview on [DATE] at 12:15 PM, TNA N stated she no longer worked for the facility. She stated she voiced her concerns about working alone on the hall's multiple times to the Administrator and the DON. She stated she left the facility because she felt the staff and the residents were in danger. She stated she received no CNA training and no training regarding behaviors. She stated she worked alone most of her shifts, but she could not state the exact dates. During an interview on [DATE] at 5:30 PM, CNA E stated she was an agency CNA and she had not received		
	any specialized training to work with residents with behaviors. She stated she did not work specific halls in the facility, so she had worked every hall in the facility. She stated the nurses were very hard to locate and are only on the hall to pass medications. She stated sometimes she received report from the CNA leaving from the previous shift, but not often. She stated when she worked alone, she had to take residents out for their smoke break and leave the rest of the residents on the hall unattended, but she could not state the exact dates. She did not state if she reported this to DON or Administrator.		
	During an interview on [DATE] at 10:00 AM, CNA H stated that she had worked the units/halls alone multiple times but could not state the exact dates. She stated the facility kept putting staff on Hall 100/Unit 1 (male secured locked unit) that did not know the residents. She stated that Hall 100/Unit 1 (male secured locked unit) had 2 (unsampled) residents that required assistance with meals. She stated Resident #6 had always tried to steal food and it was worse after he started a pureed diet. She did not state if she reported this to DON or Administrator.		
	every hall in the facility. She stated	0:10 AM, agency CNA I stated she was she never received any training regard to be monitored for stealing food and v	ding behaviors. She stated she did
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZI 1751 N 15th St Abilene, TX 79603	P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	nurses and nurse aides schedules. she believed the facility had enoughave had online course for CNA ar used personal phones because it with stated the facility was in process of should always schedule a CNA with when new residents were admitted stated the IDT team visited with the residents that had been in the facility employ 2 CNAs (1 of the 2 was Agency), a Record review of the facility daily significant 100/Unit 1 (male secured locked unknown behaviors. Record review of grievance log revicare and safety. Record review of agency CNA D's residents with behavioral or psychological review of TNA J's employed competency skills checkoffs or CPI Record review of TNA L's employed competency skills checkoffs or CPI Record review of TNA L's employed competency skills checkoffs or CPI Record review of TNA M's employed competency skills checkoffs or CPI Record review of TNA M's employed competency skills checkoffs or CPI Record review of TNA O's employed competency skills checkoffs or CPI Record review of TNA O's employed competency skills checkoffs or CPI Record review of TNA O's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review of TNA N's employed competency skills checkoffs or CPI Record review	She stated the facility was using agen h staff. She stated the TNAs had worked were placed with a CNA for on-the-journal quicker since the staff already had getting all TNAs and CNAs certified for TNA, but there was not an abundance the facility tried to see who the resident and find out what the resident and 5 TNAs working with a census of 11 taff schedule dated [DATE] revealed the hit) without the supervision of a CNA are ealed no evidence of residents complained and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of competent and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification. The file revealed no evidence of training and Heimlich maneuver certification.	cy aides to help cover. She stated ed at the facility for a long time, they be training. She stated the staff cell phones in their pockets. She in CPR. She stated the facility e of CNAs available. DON stated in would interact with best. She ents enjoy. She stated with the what kind of activities should be evealed that Station 2 had 2 LVNs, 1. Here were 2 TNAs assigned Hall and census of 12 residents with eliming about their concerns for their facility or specialized training for related to resident behaviors or elated to resident behaviors or elated to resident behaviors or related to resident behaviors or training related to resident resident elated to resident related to resident related to resident related to resident behaviors or elated to resident behaviors elated to resident behaviors elated to resident elated e

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
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Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	r CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0689	Record review of agency CNA I's e	mployee file revealed no evidence of tr	raining related to resident behaviors.
Level of Harm - Immediate jeopardy to resident health or	Record review of TNA F's employe	e file revealed no evidence of compete	ncy skills checkoffs.
safety	1	y Staffing revised [DATE] revealed: Pol	•
Residents Affected - Few	sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the center assessment. Policy Interpretation and Implementation: 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. Record review of facilities policy Behavior Assessment, Intervention, and Monitoring revised [DATE] revealed: Policy Statement: 1. Behavioral symptoms will be identified using facility-approved screening too and the comprehensive assessment Assessment: 1. As part of the initial assessment, the nursing staff and attending physician will identify individuals with a history of impaired cognition, altered behavior, or mental illness. 2. As part of the comprehensive assessment, staff will evaluate, based on input from the resident, family, and caregivers, review of medical record and general observation: a. The residents' usual patterns cognition, mood, and behavior; B. the resident's usual method of communication things like pain, hunger, thirst, and other physical discomforts; and c. The residents typical or past responses to stress, fatigue, fear anxiety, frustration, and other triggers .Management: 1. The IDT team will evaluate behavioral symptoms in residents to determine the degree of severity, distress, and potential safety risk to the resident, and others from harm .11. The Director of Nursing will evaluated whether the staffing needs have changed bas on acuity of the residents and their plans of care. Additional staff and/or staff training will be provided if it determined that the needs of resident cannot be met with the current of staff or staff training.		
		ns, Administrator, and Director of Nurse as identified, and a Plan of Removal wa	
	1	ediate Jeopardy (IJ) on [DATE]. The [N es were notified. The Administrator as	
	The following Plan of Removal was	accepted on [DATE] at 11:00 AM and	included:
	Actions:		
	A. The facility failed to provide supply	ervision to prevent choking episodes:	
	Action 1: Assigned unit staff will ensure snacks are out of reach of residents in the secured unit who capacity to know their appropriate diet texture. Snacks will be handed out upon receipt and residents monitored and/or snacks will be behind a locked door and/or cabinet. Staff education and testing to understanding.		upon receipt and residents will be
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	r CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by the state of the state o		on)
F 0689	Agency and new staff will be educa	ated and tested prior to working their ne	ext/first shift.
Level of Harm - Immediate jeopardy to resident health or safety	Test results will be reviewed, and any missed questions will be reviewed with staff members, and they will I re-educated.		
Residents Affected - Few	Date Initiated: [DATE], revisiting/co	mpleting [DATE]	
	Action 2: Residents' diet orders will be available and accessible at each nurses' station and ead unit on Matrix Care (Electronic Charting System). Staff will be able to validate diets and ensure receiving the appropriate diet texture. All direct care staff has access to the resident's diet orde Matrix Care. The Resident's diet orders are updated by charge nurses and communicated with dietary throu communication form.		
	,	diet order changes during the clinical n education, care plan updating, and do	,
	Date Initiated: [DATE], revisiting/co	mpleting [DATE]	
	Action 3: Staff assigned to the specified unit/areas will redirect and monitor residents' consumption meals/snacks to ensure residents are consuming their appropriate diet texture. The staff has been through formal in-servicing and employee-to-employee reports regarding resident #6's tendencies food that is inappropriate for his diet texture. A monitoring form will be located on each unit that in date, time, staff name, and whether monitoring occurred or not.		
	Director of Nursing, Administrator, tested before working their next/firs	and designee will ensure Agency and r it shift.	new staff will be educated and
	Test results will be reviewed, and a	ny missed questions will be reviewed v	with staff members and re-educated.
	Date Initiated: [DATE], revisiting/co	mpleting [DATE]	
	Action 4: The Director of Nursing, Administrator, and/or designee will ensure employees a educated regarding residents' diet orders, snack accessibility, passing of snacks, and mor consumption of snacks, and mealtime monitoring. In-service records will be checked again roster to ensure 100% completion.		snacks, and monitoring residents'
	Date Initiated: [DATE], revisiting/co	mpleting [DATE]	
Action 5: Testing will be completed regarding resand monitoring residents' consumption of snacks ensure 100% completion. If test results are below		tion of snacks. Testing will be checked	against the employee roster to
	Director of Nursing, Administrator,	and/or designee will be responsible for	Action 5.
	Date Initiated: [DATE], revisiting/co	mpleting [DATE]	
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	Action 6: At random, x 5 days weekly, IDT members (and/or designee) will rotate and monitor a meal and/or snack pass to ensure compliance with the above actions. Director of Nursing, Administrator and/or designed will be responsible for ensuring this action is completed. Date Initiated: [DATE], revisiting/completing [DATE] Action 7: Director of Nursing updating care plan regarding resident #6's history of stealing food and appropriate interventions to reduce the risk of future incidents. I will be monitored while I eat, staff will set us my tray for all snacks/meals, and I will consume my appropriate diet texture (puree). Interventions will be assessed for effectiveness quarterly.			
Residents Affected - Few				
	Date Initiated: [DATE]			
	B. The Facility failed to provide sup	pervision to prevent resident-to-resident	t altercations.	
	Action 1: Minimum of 2 scheduled staff members for both ,d+[DATE] and ,d+[DATE] shifts on each se unit, one scheduled staff member for ,d+[DATE] with the nurse rotating units for assistance, breaks, a coverage. If coverage is ineffective through incident and accident tracking and trending and/or staff ar resident interviews, staff shall be added to the identified areas of concern. Administrator Director of N Assistant Director of Nursing, will be responsible for ensuring adequate staffing.			
	Date: Initiated on [DATE], ensured	through [DATE], and on-going		
	Mobile Clinical Support Nurses/Mo	e to request, schedule, and utilize our staff and our contingency staff, agency, our corporate upport Nurses/Mobile Certified Aides, and continue with our internal and corporate recruiting gram to recruit and retain sufficient staff.		
	Contingency Staff: Department hea can work in the role of a hospitality	ads, and other employees that have cor aide to assist with care needs.	mpleted TNA education/course or	
	Mobile Clinical Support Nurses/Mo Corporation nursing homes around	bile Certified Aides: Nurses and CNAs Texas.	employed by corporate deployed to	
	Sufficient staff: Adequate in number	ers and education to meet the needs/ac	uity of our current secured units.	
	Date: Continual, revisited [DATE] 8	[DATE], and on-going until facility's st	affing is sufficient	
	Action 3: At a minimum, Administrator and Director of Nursing will be on a daily staffing call x5 da [DATE], (Monday through Friday, Friday to cover Saturday and Sunday, Monday to recap the we on-going with no stop date, to ensure adequate staffing is scheduled and anticipated with a conti in place, with Regional Nurse Manager, and Regional [NAME] President of Operations. Staffing is during a morning-clinical meeting between IDT, as well.			
	(continued on next page)			

Census, 4. Staffing breakdown (by discipline) for each individual unit, 5. Staffing (by discipline) for the remainder of station 2, 6. Staffing (by discipline) for sides 1, 7. (When off admission hold) pending admissions for the day, 8. Planned discharges that day. Staffing will be appropriate/adequate and identified through a review of the facility assessment, employee and resident interviews/conversations, incident and accident tracking, and the QAPI process. Date: Initiated [DATE], continuing [DATE], and ongoing until facility's staffing is sufficient Action 4: Regional [NAME] President of Operations, in-serviced Administrator, and Director of Nursing, on Adequate and sufficient supervision/staffing. Date: Initiated/Completed [DATE] Action 5: Administrator, Director of Nursing, Social Worker, or designee in-servicing all staff (including external staff such as agency or Mobile Clinical Support Nurses/Mobile Certified Aides) on Behavioral Hes Services, Behavioral Assessment, Intervention, and Monitoring, and Managing Behaviors. All new staff (internal or external) will be in-serviced prior to the first shift by Administrator, Director of Nursing, Social Worker, or designee. Ensuring all staff completion prior to the next shift worked by tracking against the staff roster. Date: Initiated [DATE], continuing [DATE], and completed [DATE]. Action 6: A test to ensure competency of Behavioral Health Services, Behavioral Assessment, Intervention and Monitoring, and Managing Behaviors. Ensuring all staff completion prior to the next shift worked by tracking against the staff roster. If staff does not meet standards on test, they will be re-in-service to ensure competency by Administrator Director of Nursing, Social Worker, or designee. Date: Initiated [DATE], continuing [DATE], and completed [DATE]. Action 7: Administrator, Director of Nursing, and/or a designee in-servicing all staff (including external staff				NO. 0930-0391
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(,,,,,,,			to next shift worked, by tracking agains	st the staff roster.
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center STREET ADDRESS, CITY, STATE, ZIP CODE 1751 N 15th St Abilene, TX 79603		P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	If staff does not meet standards on Director of Nursing, Social Worker, Date: Initiated [DATE], continuing [Action 9: Agency LVNs and CNAs assigned shift by the Director of Nu Agency Orientation Packet include: electronic charting system direction Health Services, Behavioral Asses: Temporary Nursing Aides and Hos Check-Offs and have been in-servi Date: Initiated [DATE], continuing [Action 10: Tracking and trending re involved, staff present at time of inc (Monday through Friday, Monday to clinical meeting to establish root care.	test they will be re-inserviced to ensur or designee. DATE], and completed [DATE]. have an orientation packet and are edursing, Assistant Director of Nursing, are services. Agency orientation guidelines, centens, Policies: Abuse Prevention Programsment, Intervention, and Monitoring, are pitality Aides have been checked off the ced and tested in accordance with the	e competency by Administrator, cated before working their ad/or designee. r map with identified areas, h, Resident Rights, Behavioral ad Managing Behaviors. rough the Temporary Nursing Aide above noted education actions. ion, time of incident, residents care plan updates, daily, x5 days bleted by the IDT during morning chaviors/altercations. These results

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLI	NAME OF PROMPTS OF CURRULES		D CODE
	EK	STREET ADDRESS, CITY, STATE, ZIP CODE	
Coronado Nursing Center 1751 N 15th St Abilene, TX 79603			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0741	Ensure that the facility has sufficier behavioral health needs of residen	nt staff members who possess the comts.	npetencies and skills to meet the
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS F	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45732
safety Residents Affected - Some	adequate care for residents with m	nd record review the facility to have endental and psychosocial disorders for 8 of the H4, Resident #5, Resident #6, Resident #6	of 8 residents (Resident #1,
	The facility failed to ensure there was sufficient staffing on Hall 100/Unit 1 (male secured locked unit) to meet the needs of Resident #6 to ensure he was supervised and did not have access to food that was the wrong texture, which resulted in a choking episode requiring emergency services and hospitalization.		
		e was sufficient staffing on Hall 200/Uni I Resident #5 to prevent a resident-to-r Resident #5.	
	3. The facility failed to ensure there was sufficient staffing on Hall 200/Unit 2 (male secured locked unit) to meet the needs of Resident #1 and Resident #4 to prevent a resident-to-resident altercation that led to hospitalization of Resident #4 and Resident #1.		
	4. The facility failed to ensure there was sufficient staffing on Hall 200/Unit2 (male secured locked unit) to meet the needs of Resident #1 and Resident #3 to prevent a resident-to-resident altercation that led to an injury of Resident #1.		
		e was sufficient staffing on Hall 200/Uni d Resident #9 to prevent a resident-to-re	
		e was sufficient staffing on Hall 200/Uni d Resident #10 to prevent a resident-to-	
	facility remained out of compliance	on was identified on [DATE]. While the at a scope of pattern with actual harm tiveness of their corrective systems.	
	These failures could place resident event of an emergency, hospitaliza	ts at risk for choking resident-to-residentition s, and death.	at altercations, serious harm in the
	Findings include:		
	Record review of facility assessment dated [DATE] Part 3 titled Facility Resourced Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies revealed:		
	Staff:		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLI	FD.	STREET ADDRESS CITY STATE 71	P CODE
Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1751 N 15th St Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0741	Licensed nurses: Station 2: LVN/R	N Days: 2 and Nights: 2	
Level of Harm - Immediate jeopardy to resident health or	Direct Care Staff/CNAs: Station 2:	Days 8, Evenings 8, Nights 5.	
safety	Resident #6		
Residents Affected - Some		ctronic face sheet accessed on [DATE] it 1 (male secured locked unit) with diag depression.	
	Record review of Resident #6's Quarterly MDS, dated [DATE], revealed a BIMS score interview was not performed. Further review of MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: B. Delusions. E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performance Supervision. 2. Support: One-person physical assist. Section K: Swallowing/Nutrition Status: K0100. Swallowing Disorder: A. Loss of liquids/solids from mouth when eating or drinking. K0510: Nutritional Approaches: C. Mechanically altered diet. D. Therapeutic Diet.		
	Record review of Resident's #6's Care Plan dated [DATE] revealed: Problem: Nutritional Status Diet. Goal: Maintain Stable Weight. Approach: Diet as ordered: Dysphagia advanced pureed, carbohydrate consistent, and Report problems to charge nurse. Further review of Care Plan revealed no evidence of interventions to prevent resident choking or stealing food. The Care Plan showed no evidence of supervision needs for Resident #6.		
	pm, [Resident #6] was found unres [Resident #6] responsive at time of pureed diet. [Resident #6] was sen	w of Provider Investigation Report dated [DATE] revealed on [DATE] at approximately 07:30 t #6] was found unresponsive with no pulse and no reparations. Staff immediately started CPR. responsive at time of transport. [Resident #6] expelled a portion of food. [Resident #6] is on a Resident #6] was sent to the emergency room after staff performed CPR. [Resident #6] did aramedics that arrived shortly after the 911 call was placed.	
	During a random observation on [DATE] at 12:40 PM on Hall 100/Unit 1 (male secured locked unit) revealed 9 residents sitting in the dining room. TNA M assisted unsampled resident with eating lunch. CNA G assisted unsampled resident with eating lunch. No nurse was observed in the dining room. Resident #6 sat next to CNA G and was redirected continuously not to grab food from other residents' plates.		
	During an interview attempt on [DATE] at 12:45 PM Resident #6 was unable to answer any questions due to his level of cognitive impairment.		
	During an interview on [DATE] at 11:00 AM, DON stated Station 2 had 6 wings: Hall 100/Unit 1 (male secured locked unit), Hall 200/Unit 2 (male secured locked unit), Hall 300, Hall 400, Hall 500, and Hall 600/Unit 3 (female secured locked unit). The DON stated that Station 2 always had 2 CNAs on each of the secured locked units. She stated the facility tried to keep the same staff on the same units for continuity of care. DON stated station 2 was to be staffed with 2 nurses at night and day, 8 CNAs for days and evening and 5 CNAs at night. She stated licensed nurses' shifts were: Day shift 6:00 AM to 6:00 PM and night shift 6:00 PM to 6:00 AM. She stated CNA shifts were: Day shift 6:00 AM to 2:00 PM, Evening shift 2:00 PM to 10:00 PM, and Night shift 10:00 PM to 06:00 AM.		Hall 400, Hall 500, and Hall ways had 2 CNAs on each of the 3 in the same units for continuity of ay, 8 CNAs for days and evenings, 00 AM to 6:00 PM and night shift
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Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES		g Hall 100/unit 1 (male secured as on the unit at the time of the teasily accessible. She stated LVN and started CPR. TNA J stated there ared locked unit) but she could not be to get help. She stated she would at the nurses' station located off the would not be able to get help. The would not be able to get help. The would be the would not be able to get help. The would be the dunit) was often staffed with only and the variety of the was not aware that Resident #6 food. TNA J stated she had not the was not aware that Resident #6 food. TNA J stated she had not state the exact dates. She stated onitored during mealtimes. She did at TNA since [DATE]. She stated she was she stated Hall 100/Unit 1 g assistance and Resident #6 who resident waited until she was done at Resident #6 continuously while was during mealtimes. She stated unit not state exactly which resident waited until she was done and the wasted with the resident waited until she was done to during mealtimes. She stated with resident waited until she was done and the wasted waited until she was done to the wasted which resident waited until she was done to during mealtimes. She stated with the wasted with the wasted with the wasted waited which resident waited until she was done to during mealtimes. She stated with the wasted waited which resident waited which resident waited waite

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	675746	B. Wing	08/05/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0741 Level of Harm - Immediate	Record review of the facility employee timecards for [DATE] at 7:30 pm revealed that Station 2 had 2 LVNs, 2 CNAs (1 of the 2 was Agency), and 5 TNAs working with a census of 111.		
jeopardy to resident health or safety		taff schedule dated [DATE] revealed th nit) without the supervision of a CNA ar	
Residents Affected - Some	Resident #2		
	Record review of Resident #2's electronic face sheet accessed on [DATE] for Resident #2 revealed an [AGE] year-old male admitted on [DATE] to Hall 200/Unit2 (male secured locked unit) with diagnosis to include Schizoaffective disorder, Bipolar, dementia, and depression.		
	Record review of Resident #2's Discharge MDS dated [DATE] for Resident # 2 revealed a BIMS interview was not performed. Further review of MDS dated [DATE] revealed: Section E: Behavior: E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. C. Antidepressant 7.		
	Record review of Resident's #2's Care Plan dated [DATE] revealed the objectives lacked the ability to be evaluated or quantified were: Problem: Psychotropic Drug Use. Goal: Benefit without side effects. Approa Refer to Social Services if needed, Gradual dose reduction, Monitor for side effects, Monitor target behaviors. Problem: Psychosocial Well-Being Goal: Resident will express/exhibit satisfaction Approach: Allow to express feelings, Listen carefully and be non-judgmental, Keep topics of conversation light and cheerful, Customary routines adhered to: (specify). Problem: Mood State Goal: Resident will express/exhibit satisfaction. Approach: Assess, monitor, and document mood, Be reassuring and listen to concerns, Med as ordered.		nefit without side effects. Approach: de effects, Monitor target /exhibit satisfaction Approach: opics of conversation light and Goal: Resident will express/exhibit
	Resident #5		
		ctronic face sheet accessed on [DATE] to Hall 200/Unit2 (male secured locked and dementia.	
	Record review of Resident #5's Discharge MDS dated [DATE] revealed a BIMS score of 07 indicating several cognitive impairment. Further review of MDS revealed: Section E: Behavior: E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. C. Other behavioral symptoms not directed towards others occurred 4 to 6 days. E0800. Rejection of Care: Occurred 1 to 3 days. E0900 Wandering: occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. A. Antipsychotic 7.		
	(continued on next page)		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZI 1751 N 15th St Abilene, TX 79603	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of Resident's #5's Care Plan dated [DATE] revealed the objectives that lacked the ability to be evaluated or quantified were: Problem: Mood State Goal: Resident will express/exhibit satisfaction. Approach: Assess, monitor, and document mood, Be reassuring and listen to concerns, Meds as ordered. Problem: Behavioral Symptoms. Goals: I will have fewer episode of physical aggression. Approach: Staff will redirect as needed. Staff will notify physician with any increase in behaviors. Problem: Psychotropic Drug Use. Goal: Benefit without side effects. Approach: Refer to Social Services if needed, Gradual dose reduction, Monitor for side effects, Monitor target behaviors.		
	Resident #4 Record review of Resident #4's electronic face sheet accessed on [DATE] revealed a [AGE] year-old male admitted on [DATE] to Hall 200/Unit2 (male secured locked unit) with diagnosis to include: Dementia, Bipolar disorder, major depression, and anxiety.		
	Record review of Resident #4's Discharge MDS dated [DATE] for Resident #4 revealed a BIMS score of 08 indicating moderate cognition impairment. Further review of MDS revealed: Section E: Behavior: E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. E0900 Wandering: occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. A. Antipsychotic 7 C. Antidepressant 7.		
	Record review of Resident's #4's Care Plan dated [DATE] revealed: Problem: Resident exhibits wandering. Goal: Resident will wander safely within specified boundaries over the next 90 days. Approach: Remove resident from other resident's rooms and unsafe situations, Assess resident for placement in a specially designed therapeutic unit, and Avoid over-stimulation. Problem: Behavioral Symptoms [DATE] aggression towards others and impulsiveness Goal: Resident will have less than 3 episodes of Verbal and/or physical aggression towards others over the next 90 days. Approach: Remove from public area when behavior is unacceptable, Keep environment calm and relaxed, Encourage diversional activities, Redirect me when I am in the day room around others if they get to close to me, and staff will assist me to a quiet area if I become inappropriate with others.		
	Resident #3		
	I .	ectronic face sheet accessed on [DATE Hall 200/Unit 2 (male secured locked und and stroke.	
	not performed. Further review of M Physical behavioral symptoms dire	arterly MDS dated [DATE] for Residen DS revealed: Section E: Behavior: E02 cted towards others occurred 1 to 3 da t 7 days. A. Antipsychotic 7 B. Antianxi	200. Behavioral Symptoms: A. ys. Section N: Medications:
	Record review of Resident #3's Care Plan dated [DATE] for Resident #3 revealed: Problem: I was exhibiting physically aggressive behavior towards others. Goal: I will have less than 2 physical altercations over the next 90 days. Approach: Assist me to a quiet area when I become agitated to reduce stimuli and Monitor for pain, injuries.		2 physical altercations over the
	(continued on next page)		

			NO. 0936-0391
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NAME OF PROVIDER OR SUPPLIER Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZI 1751 N 15th St Abilene, TX 79603	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0741	Resident #9		
Level of Harm - Immediate jeopardy to resident health or safety		ectronic face sheet accessed on [DATE] it 2 (male secured locked unit) with diagsion.	
Residents Affected - Some	Record review of Resident #9's Discharge MDS dated [DATE] revealed a BIMS interview was not performed. Further review of MDS revealed: Section N: Medications: Number of days received in the last 7 days. A. Antipsychotic 7 C. Antidepressant 7.		
	Record review of Resident #9's Care Plan dated [DATE] revealed: Problem: Mood remains agitated and anxious. Goal: Resident will express/exhibit less anxiousness and agitation. Approach: Assess, monitor, and document mood, Be reassuring and listen to concerns, Encourage group activities, and Meds as ordered.		
	Resident #10		
	Record review of Resident #10's electronic face sheet accessed on [DATE] revealed a [AGE] year-old male admitted on [DATE] to Hall 200/Unit 2 (male secured locked unit) with diagnosis to include heart failure, dementia, stroke, and high blood pressure.		
	Record review of Resident #10's Quarterly MDS dated [DATE] revealed a BIMS score of 07 indicating moderate cognitive impairment. Further review of MDS revealed: Section E: Behavior: E0200 Behavior Symptoms: B. Verbal behavior symptoms directed towards others occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. C. Antidepressant 7.		
	Record review of Resident #10's Care Plan dated [DATE] revealed: Problem: Behavioral Symptoms Goal: Resident will have fewer episodes of wandering. Approach: Always ask for help if resident becomes abusive/resistive, Encourage diversional activities, and Remove from public area when behavior is unacceptable.		
	Resident #1		
		ectronic face sheet accessed on [DATE] nit2 (male secured locked unit) with diag epression.	
	Record review of Resident #1's Discharge MDS dated [DATE] for Resident #1 revealed a BIMS score of 03 indicating severe cognitive impairment. Further review of MDS revealed: Section E: Behavior: E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others occurred 1 to 3 days. B. Verbal behavioral symptoms directed towards others occurred 1 to 3 days. E0900 Wandering: occurred 1 to 3 days. Section N: Medications: Number of days received in the last 7 days. C. Antidepressant 7.		Section E: Behavior: E0200. sothers occurred 1 to 3 days. B. s. E0900 Wandering: occurred 1 to
	Record review of Resident's #1's Care Plan dated [DATE] revealed: Problem: Resident exhibits wandering as evidence by resident went out the side gate to the front door Goal: Resident will wander safely within specified boundaries. Approach: Place resident in a secure environment, Remove resident from other resident's rooms and unsafe situations, and Avoid over-stimulation.		sident will wander safely within
	(continued on next page)		

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of the Provider Investigation Report dated [DATE], revealed on [DATE] at 2:00 pm, [Resident #5] was leaning against the door frame with arms crossed and an agitated expression on his face arguing with a nurse stating. Get him out of my room. [ADON] got closer and was able to see why they were unable to move [Resident #2]. [Resident #2] was sent to the emergency room for a suspected fracture of the hip. [Resident #5] stated, He was eating my snacks, so he told him to get out. When [Resident #2] did not leave, I pushed him room. [Resident #2] was assessed and 911 called. [Resident #2] went to the hospital and was later admitted for delirium with no fracture noted.			
		ctronic progress note dated [DATE] at -one monitoring to which Administrator		
	Record review of the facility employee timecards for [DATE] at 2:35 PM revealed Station 2 had 2 LVNs, 6 CNAs (5 agency and 1 TNA) working with a census of 110.			
		chedule dated [DATE] revealed there wait), which had a census of 18 residents		
	C] reported she was sitting at the d smoking) when she heard [Resider NUMBER]. [Resident #1] was lying legs. [CNA C] separated the reside have further contact with Resident contact with [Resident #1] again. [F statement [Resident #4] pulled at [I separate the residents again. Nursi appropriate notifications made. Res	ider Investigation Report dated [DATE], revealed on [DATE] at 7:00pm agency [CNAtting at the desk in the day room (CNA E was helping the residents come in from lard [Resident #4] yelling get the hell out of my room. [CNA C] entered room [ROOM #1] was lying on the floor in the room. [Resident #4] was pulling [Resident #1] by his led the residents. [Resident #1] started kicking at CNA A so that he could proceed to lith Resident #4. Resident #4 pushed [CNA C] out of the way to get back to physical #1] again. [Resident #4] made second contact with [Resident #1]. Per [CNA C's] 4] pulled at [Resident #1's] arm and face. [CNA C] stepped in between residents to again. Nurse was called and assessment begun. 911 was called for [Resident #1]. Is made. Resident was sent out with EMS to the hospital. [Resident #4] received in until he was sent to a behavior health hospital on [DATE] early morning.		
	15-minute checks immediately follo discharged to a local behavior heal facility had implemented to protect services and playing the radio beca aggressive on [DATE] and his Sero	nterview on [DATE] at 4:00 PM, the Administrator stated Resident #4 was placed on every checks immediately following the resident-to-resident altercation and continued until he was to a local behavior health hospital on [DATE]. Administrator stated the only interventions the implemented to protect Resident #1 from further altercations was consultation with psychiatric and playing the radio because Resident #1 liked to dance. He stated Resident #4 had been on [DATE] and his Seroquel and Zoloft was increase, then he was aggressive again on [DATE] pakote was increased. He stated he felt the facility had provided proper interventions.		
	(continued on next page)			

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	unit) alone when on [DATE] when I stated the charge nurse was not or heard Resident #4 yelling from room was lying in the floor and Resident separate the residents but Resident the way and grabbed Resident #1 I E came in from being outside with from a nurse. She stated CNA E had locked doors with the nurse. CNA C training to work with residents with not sign any training or orientation many times, but she could not state CNA. She did not state if she repor Resident #4 or Resident #1 had an During an interview on [DATE] at 5 any specialized training to work with the facility, so she had worked everare only on the hall to pass medica from the previous shift, but not ofte their smoke break and leave the reexact dates. She did not state if she that Resident #4 or Resident #1 had with the residents on their smoke bhelp. She stated she ran to get help doors with the nurse to return to the Resident #1 had any history of beh Record review of the facility employ CNAs (4 of the 5 were agency, and Record review of the Provider Inverported she heard a commotion as standing over him. Bothe residents nose and left cheek and a noseblet 5 cm x 2 cm bruise/redness to right slightly swollen. an abrasion to the increased supervision while out in the increased super	:30 PM, CNA E stated she was an age h residents with behaviors. She stated ry hall in the facility. She stated the nur tions. She stated sometimes she recein. She stated when she worked alone, st of the residents on the hall unattendie reported this to DON or Administrator d any history of behaviors. CNA E staterak when she re-entered the building of from a nurse through 2 locked doors be residents. CNA E stated she was not aviors. I 1 TNA) working with a census of 108. Chedule dated [DATE] at 6:58 PM residents are immediately separated. [Residents at Indianal String in a dining were immediately separated. [Resident ed. [Resident #3] assessment showed to side of neck, and no other injuries. [Reright side of the neck. [Resident #1] was the common area.	esident-to-resident altercation. She he stated she was at the desk and in she entered, she saw Resident #1 She stated she attempted to and Resident #4 pushed her out of he separated them again and CNA stated CNA E then ran to get help help and then return through 2 she had not received any special intation to the facility, and she did it halls alone with no other aides he that she worked with another A stated she was not aware that she worked with another A stated she was not aware that the most see that she worked with another A stated she was not aware that she worked with another A stated she was not aware that the residents out for ed, but she could not state the r. CNA E stated she was not aware ed on [DATE] she had been outside and heard CNA C screaming for then go back through 2 locked aware that Resident #4 or evealed Station 2 had 2 LVNs, 5 Were 2 agency CNAs working Hall is with known aggressive behaviors. d on [DATE] at 5:45 PM, CNA room chair with [Resident #1] in t#1] sustained red marks to the 1.5 x 1.5 bump/bruise to left eye, 2. esident #1] upper lip appeared as placed on 15-minute checks with

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		Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of the facility staff so 200/Unit 2 (male secured locked un Record review of the Provider Invereported [Resident #9] hit [Resident [Resident #1] had a 1.8 cm x 2.8 cm x 2.8 cm to neck under left ear. During a telephone interview on [Distated she voiced her concerns abo DON. She stated she left the facility she received no CNA training and shifts, but she could not state the elocked unit) when Resident#1 and stated she had to scream for help a came to help her. She stated after stated the facility did not provide ar 15-minute checks on Resident #3 a Record review of 15-minute check document just provided the location Record review of the facility staff so (male secured locked unit), without aggressive behaviors. Record review of the Provider Inve #10] pushed [Resident #1] against lower back pain. X-ray results show During a telephone interview on [DAT altercation. She stated the nurse w for a lunch break. She stated if the go get help. She stated the nurses worked the halls alone, but she couthrown into working the halls alone because she was pregnant with the behaviors but only because she halls alone she alone interview on but only because she halls alone and the provider inverse worked the halls alone because she halls alone	staff schedule dated [DATE] revealed there was 1 agency CNA working Hacked unit), which had a census of 18 residents with known aggressive behalter Investigation Report dated [DATE], revealed on [DATE] t 3:15 PM, CNA Resident #1] in the face multiple times. CNA separated and notified the nurse x 2.8 cm discolored raised area under his left eye and a superficial abrasion eft ear. [Resident #10] was placed on 15-minute checks. Whom [DATE] at 12:15 PM, TNA N stated she no longer worked for the facility erns about working alone on the hall's multiple times to the Administrator and e facility because she felt the staff and the residents were in danger. She stand and no training regarding behaviors. She stated she worked alone most of the exact dates. She stated she was alone on Hall 200/Unit 2 (male secur #1 and Resident #3 got into resident-to-resident altercation on [DATE]. She or help and LVN P at the nurse's station behind the locked doors heard her and after the altercation, Resident #3 was placed on every 15-minute checks. In word of the other residents alone for the rest of her shift. Check documentation revealed no signatures of who performed the checks. In location of Resident #9 every 15-minutes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF BROWERS OF CURRUS			ID CODE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		IP CODE	
Coronado Nursing Center		1751 N 15th St Abilene, TX 79603	
For information on the nursing home's	plan to correct this deficiency, please con	I tact 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)		ion)
F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of the facility employ CNAs, and 5 TNAs working with a Record review of the facility staff so (male secured locked unit), without aggressive behaviors. Record review of 15-minute check document just provided the location During an interview on [DATE] at 1 unit) stated the facility never had er and no one did anything about it. H to the Administrator and the DON in During an interview on [DATE] at 1 never got the help he needed. He is helps him. He stated he could never He stated there was no need to reput During an interview on [DATE] at 2 received in house training with a Cl She stated TNAs can do all resider staffed just 1 TNA alone on a unit. She stated TNAs are not first aided nurse on the unit. DON stated the fadequate staffing. During an interview on [DATE] at 3	yee timecards for [DATE] at 4:29 PM recensus of 108. Chedule dated [DATE] revealed there we the supervision of a CNA, with a censulation documentation revealed no signatures of Resident #10 every 15-minutes. 30 PM, Resident #8 who resided on Frough staff. He stated all the residents le stated he hated living in the facility. I multiple times. 45 PM, Resident #7 who resided on he stated he was left alone all day and been find anyone and many tasks he was cort it because no one cared. 40 PM, DON stated TNAs completed NA, and skills check offs were completed to care task alone without CNA supervices stated that she did staff 2 TNAs or or CPR certified. She stated if an emericacility is always adequality staffed but stood PM, with agency CNA D she stated in not state the exact dates. CNA D staff.	evealed Station 2 had 2 LVNs, 2 vas 1 TNAs working Hall 200/Unit 2 us of 18 residents with known of who performed the checks. The dall 100/Unit 1 (male secured locked were always arguing and fighting Resident stated that he had spoken all 400 stated he was blind and came agitated because no one not capable of doing on his own. an 8-hour online course, they ed by the DON, ADON, or CNAs. sion. She stated that she never in units without CNA supervision. gency did happen there is always a did not provide evidence to prove