| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on observation, interview, and record review, the facility failed to ensure the right to reside and receive services in the facility with reasonable accommodation of resident needs for 1 of 3 residents (Resident #645) reviewed for accommodation of needed assistance, in that:<br><br>1. Resident #645 was observed in her room from the hallway and was wearing only a hospital gown and disposable brief.<br><br>2. The room call light was activated for staff assistance on behalf of Resident #645 at 10:50 AM. The MDS-RN entered Resident #245's room at 11:17 AM, 27 minutes after the call light was activated, and asked if the resident needed something.<br><br>These failures placed the resident at risk for physical exposure to the public and a delay in assessment for need and care assistance.<br><br>The findings included:<br><br>Review of Resident #645's Face Sheet, not dated, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included: systemic lupus erythematosus (autoimmune disease where the body attacks itself); gastro-esophageal reflux disease without esophagitis (heartburn that burns the throat); rheumatoid arthritis, unspecified (autoimmune arthritis that affects the joints); chronic post-rheumatic arthropathy [Jaccoud] (problems with the joints due to rheumatic fever when younger); essential (primary) hypertension (high blood pressure); venous insufficiency (poor circulation of extremities); pain, unspecified; and generalized anxiety disorder.<br><br>Review of Resident #645's Admission MDS Assessment, dated 2/13/23, revealed a BIMS had not been completed. The resident was assessed as having short-term and long-term memory problems, moderately impaired decision-making skills, required extensive assistance with transfers, and required supervision while eating.<br><br>(continued on next page) |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on 2/18/23 at 12:24 PM revealed the door was open to Resident #645's room. The resident was seated on the side of bed and was slumped over toward the right with her face down on the mattress. Resident #645 was wearing a hospital gown with the back open and a disposable brief. The resident's feet and legs were bare. A mattress was on the floor at the bedside. The room call light was laying on the mattress near the foot of the bed. No drinking water was observed in the room. Resident #645 responded to the knocking on the room door and her name being called. She was able to sit upright on the side of the bed. She did not have a roommate.<br><br>Observation on 2/18/23 at 3:46 PM revealed Resident #645 was seated in a wheelchair in her room. She was holding an empty plastic clothes basket on her lap. Resident #645 was alert, made eye contact, and was able to respond verbally to a simple greeting. She did not reply when asked why she was holding the empty clothes basket. The television was on in the room and was programmed to a channel with music videos. The resident was moving and swaying to the beat of the music.<br><br>Observation on 2/19/23 at 10:50 AM revealed Resident #645's room door was open to the hallway. The resident had spilled the ice water from her drink cup onto her bed and the floor mattress at the bedside. Her bare feet were in a puddle of ice water on the floor mattress. She was holding the empty drink cup and was trying to drink from it. She stated she would like to have some water. Resident #645 tried to stand up and her feet began sliding in the puddle of ice water. The surveyor intervened and asked her to sit on the side of the bed and wait until staff came to help her. The room call light was clipped to the end of Resident #645's hospital gown. She was unable to locate it and did not know how to activate it. The surveyor activated the call light in the resident's behalf. The light above the room door in the hallway lighted up. No staff were observed working in the hallway at that time.<br><br>Observation on 2/19/23 at 10:56 AM revealed Resident #645 continued to sit on the side of her bed, which was located near the room door. There was a privacy curtain against the wall, which was not used and allowed Resident #645 to be viewed from the hallway. The male resident in the room located diagonally across the hall was able to look directly into Resident #645's room and see her.<br><br>Observation on 2/19/23 at 11:03 AM revealed a male resident in a wheelchair propelled himself in the hallway toward his room located at the end of the hallway. He passed by Resident #645's room, where she remained seated on the side of her bed wearing a disposable brief and a hospital gown which was open in the back. Resident #645's room door was open, and she was visible to others passing by in the hallway.<br><br>Observation on 2/19/23 at 11:07 AM revealed a pair of gray colored sweatpants and a matching gray colored shirt were on top of the dresser in Resident #645's room. The resident consented for the surveyor to look inside her closet, where a cardigan sweater was hanging and two small plastic bags with a few items of personal clothes were on the floor.<br><br>Observation on 2/19/23 at 11:12 AM revealed Resident #645's room call light, which was activated at 10:50 AM, remained on and unanswered. Resident #645 continued to sit on the side of the bed and was tapping her empty drink cup.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on 2/19/23 at 12:17 PM revealed MDS-RN came down the hallway with a male resident who wanted to show the RN his mattress. MDS-RN then went to Resident #645's room and asked if she needed something. MDS-RN asked her if she would like some more water and she stated, I would love some. The male resident from the room located diagonally across the hall entered Resident #645's room and gave her a can of cola flavored soda. Resident #645 opened the soda and started drinking it. MDS-RN instructed the Assistant ADM to fill the resident's drink cup with ice, which she did and brought to room. The drink cup was filled to the top with ice and did not contain any water. MDS-RN instructed the Administrative ADM to add water to the cup and she left the room with the drink cup. MDS-RN left the room and returned with bath towels. He wiped up the water on the floor mattress with towels and dried Resident #645's feet. MDS-RN took hold of Resident #645's hands and pulled her up to a standing position on the floor mattress. She was unsteady standing on the soft mattress. MDS-RN instructed the resident to shimmy to her left and to step off the end of the mattress to the floor. He instructed the resident to take a few steps and sit down in the armchair located a few steps away from the foot of her bed.<br><br>Observation on 2/20/23 at 12:20 PM revealed Resident #645 was seated in the armchair in her room. She was wearing a hospital gown and had bare feet. The resident was alert and was holding a spoon to feed herself the lunch meal. A Hospice nurse was in the room and was preparing to leave.<br><br>In an interview on 2/18/23 at 10:27 AM, the family members of Resident #645 stated the resident had end-stage lupus and was more confused now. The family stated Resident #645 was in the hospital and came to the facility about two weeks ago and was receiving Hospice care services. The family stated the facility seemed to be short staffed. They stated they had arrived one evening to visit about one week ago and there was food all over the floor in the resident's room. They stated the food was from the lunch meal. The family stated Resident #645 fed herself and her hand was not too steady and she spilled food while trying to eat. The family stated the resident was in her chair that morning and they had just assisted her into bed. The family stated Resident #645 wore a disposable brief and was currently soiled. They stated they did not change her brief and were on their way to the desk to tell the charge nurse.<br><br>In a telephone interview on 2/20/23 at 11:56 AM, Resident #645's representative stated the family had taken a few items of personal clothing to the resident. She stated she thought the Hospice aide put the hospital gowns on Resident #645 and she did not know why. The representative voiced concern that the resident no longer knew how to feed herself, needed assistance to eat and was not being fed by staff. She stated she thought the resident had lost weight.<br><br>In an interview on 2/20/23 at 12:22 PM, the Hospice RN stated the Hospice primary nurse came two times per week and the Hospice aide came two times per week. The RN stated Resident #645 refused to wear her own personal clothes and would not keep on non-skid socks or shoes. She stated the resident preferred hospital gowns. The RN stated Resident #645 can walk pretty good once she gets going.<br><br>Review of the State Ombudsman Long Term Care Nursing Facility Residents' Rights, dated November 2021, revealed the following [in part]:<br><br>Dignity and Respect<br><br>You have the right to:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | o Live in safe, decent and clean conditions<br><br>o Be free from abuse, neglect and exploitation.<br><br>o Be treated with dignity, courtesy, consideration and respect.<br><br>o Keep and use personal property, and have it secured from<br><br>theft or loss.<br><br>o Choose and wear your own clothes . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0577<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.<br><br>14408<br><br>Based on observation, interview, and record review, the facility failed to ensure the results of the most recent survey of the facility conducted by the State surveyors and the facility's plan of correction and advocacy information were posted in a place readily accessible to residents, family members and legal representatives of residents, and the public in 1 of 2 facility stations (Station 1), in that:<br><br>1. The most recent State survey results with the facility's plan of correction were not readily accessible to residents who occupied rooms located on Station 1.<br><br>2. Resident advocacy information was not posted in a prominent location that was easily identified by residents and visitors on Station 1.<br><br>3. Residents on Station 1 did not have access to the code to unlock the door leading from the hallway to Station 2, which had the secured units, to review the survey results located by the Administrator's office.<br><br>The facility's failure placed residents and their family members and representatives at risk for violation of the right to contact advocacy agencies and review the findings from State surveys and investigations conducted in the facility without asking to review the reports.<br><br>The findings included:<br><br>During an observation and interview on 2/18/23 at 9:25 AM, the Administrator showed the way to Station 1 and opened a locked door with a code. She stated the building had numerous codes. The door opened to a hallway that led to the Station 1 dining room.<br><br>During the Resident Council Meeting, held on 2/20/23 at 1:08 PM in the Station1 dining room, the seven residents in attendance conveyed they did not know where resident advocacy information and the prior survey results were posted.<br><br>An observation and interview on 2/20/23 at 3:04 PM, accompanied by the Resident Council President and an unidentified staff member, revealed the Station 1 resident advocacy information was posted on a bulletin board on a wall located half-way down the hallway named Buffalo Bluff. The Resident Rights and a sign, with notification the most recent survey binder was in a box by the administrator's office, were posted on the wall across the hallway next to the door to the dialysis treatment room. The survey results were not found in Station 1. The staff member stated the survey results were located by the Administrator's office in Station 2 and there was not a copy of the survey results in Station 1. It was observed that there were no room numbers by the doors and no residents occupied the rooms for that hall.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0577<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation on 2/22/23 at 9:36 AM revealed a Facility Survey Binder in a box located on the wall outside the door to Administrator's office in Station 2. The survey binder included the CMS-2567 for the survey dated 2/17/22 and for intake investigations conducted, with resulting citations, dated 9/26/22.<br><br>Review of the Resident Council Minutes form, dated 1/27/2023, revealed 12 residents had attended the meeting.<br><br>Review of the Resident Bed List Report, dated 2/18/2023, revealed the 12 residents who had attended the Resident Council Meeting on 1/27/2023 all occupied rooms located in Station 1. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on observation, interview, and record review the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior environment in 1 of 2 stations (Station 1) observed for environmental conditions for Resident #s 87, 89, and 644, in that:<br><br>1. Waste baskets were not emptied in resident rooms.<br><br>2. Resident #87's bed linens, floor, and overbed table were cluttered with food and excessive beverage glasses.<br><br>3. Floors were not swept and mopped.<br><br>4. Resident #644's laundry was not picked up from the floor to be taken to the laundry room for washing.<br><br>5. Resident #89's room call light did not function, there was not a paper towel dispenser in his room restroom, and his waste basket was not emptied.<br><br>6. Shower rooms were not maintained in safe and functional condition.<br><br>The facility's failure placed the residents at risk for infection, exposure to the attraction of pests, and a decreased feeling of well-being and satisfaction within their physical surroundings.<br><br>The findings included:<br><br>In an interview on 2/18/23 at 10:27 AM, the family members of Resident #645 stated the facility seemed to be short staffed. They stated they had arrived one evening to visit about one week ago and there was food all over the floor in the resident's room. They stated it was from the lunch meal that day, not the evening meal. The family member stated the resident feeds herself and her hand was not too steady and she spilled food.<br><br>In an interview on 2/18/23 at 10:53 AM, Resident #85 stated usually her room was kept clean and the housekeepers did a good job, but yesterday there was not a housekeeper so her room was not cleaned and the trash was not emptied.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation and interview on 2/18/23 at 12:32 PM revealed Resident #87's room door was closed. C.N.A.-G came out of the resident's room carrying a meal tray with disposable Styrofoam containers. She stated they had been left in the room and not picked up following breakfast that morning. Resident #87 was observed lying in bed. Slices of white bread and a package of turkey luncheon meat were on the mattress at the foot of the bed. Resident #87 stated the bread and lunch meat needed to be thrown away and he pointed at the waste basket near the head of the bed. A bread bag with a few slices of bread was on the windowsill. Condiment packets were on the floor at the bedside. There was a puddle of liquid on the floor where Resident #87 had spilled a beverage glass of iced tea on the floor at the bedside. His urinal was on floor at the bedside.<br><br>Observation and interview on 2/19/23 at 10:17 AM revealed the waste basket was overflowing with trash in Resident #89's room. The resident stated it had not yet emptied today because the housekeeper had not been in his room yet today. He stated the room was usually swept and mopped. Observation of Resident #89's restroom revealed a stack of folded paper towels on top of the toilet tank lid. There was not a paper towel dispenser on the bathroom wall and there was not a waste basket in the restroom. Resident #89 stated one time he had knocked all the paper towels off the toilet tank lid onto the floor and had to pick them up. He stated it was not good.<br><br>Observation and interview on 2/19/23 at 10:40 AM revealed Resident #89 demonstrated use of the room call lights. The restroom call light worked; the Bed A call light worked; and the Bed B call light did not work. Resident #89 stated he did not ever use the call lights. He stated he needed a new mattress and pulled the sheet up from the mattress to indicate how thin his bed mattress looked.<br><br>Observation on 2/19/23 at 10:57 AM revealed Resident #87's room continued to have the bread slices on the mattress at the food of the bed and they were now in chunks and crumbs. The package of luncheon meat was on the floor at the bedside. Multiple plastic juice glasses were on the overbed table, along with his urinal which contained urine in it. The resident's room had not been cleaned the prior day. Evidence pictures were taken of his room at that time.<br><br>Observation on 2/19/23 at 11:02 AM revealed Resident #87's friend had arrived and walked down the hallway to the resident's room. Resident #87 told his friend, My room is a mess. The friend had brought the resident a sandwich and they went into his room and closed the door.<br><br>Observation and interview on 2/19/23 at 3:56 PM revealed Resident #644's room waste basket had not been emptied and was filled to overflowing. The resident stated he guessed the housekeepers don't work on the weekend. A blanket and a pile of personal clothes were on the floor near the window. The resident stated they needed to be washed. The toilet tank was running water continuously in the resident's restroom.<br><br>Observation and interview on 2/20/23 at 12:10 PM revealed Resident #644 was sitting on the side of his bed, waiting for the lunch meal tray to be brought to his room. The room had a strong odor. The waste basket was full and overflowing. The blanket and the pile of the resident's clothes remained on floor in the same place as they had the prior day (2/19/23). Resident #644 stated they needed to be washed. He stated his name was not on his clothes and he had a magic marker to do it.<br><br>During the Resident Council Meeting on 2/20/23 at 1:09 PM Resident #89 stated he took a shower whenever he wanted to and the staff unlocked the shower room door for him. He stated the shower stall floor was slick and needed non-slip strips.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 2/22/23 at 10:13 AM HS-AH stated he had been employed for 3 weeks in the facility and worked the hours of 8:00 AM to 4:30 PM. He stated he was scheduled to work 4 days and the was off for 2 days. He stated there was a total of 4 housekeepers and housekeepers were scheduled to work 7 days a week.<br><br>In an interview on 2/22/23 at 10:16 AM HS-AI stated he worked as the Floor Tech from 8:00 AM to 5:00 PM Monday through Friday. He stated he was employed by the company that was contracted to provide housekeeping services in the facility. He stated he had worked for 1 year in the facility and HS-N was the Housekeeping Supervisor. HS-AI stated the housekeeping department was short staffed and there were a total of 4 housekeepers, 1 floor tech, and the supervisor. He stated a new housekeeper had been hired and she had already quit. HS-A1 stated he worked as a housekeeper sometimes when needed and had worked as a housekeeper on the weekend, but not recently. He stated HS-N would come in and work as a housekeeper if someone called in. HS-AI stated currently there were 2 housekeepers and 1 floor tech working in Station 2 and 1 housekeeper working in Station 1. He stated HS-N would schedule 2 housekeepers for each Station, but they did not have enough staff to do so at this time.<br><br>In an interview on 2/22/23 at 10:31 AM the Housekeeping Supervisor stated she had been employed in facility for the past 15 months. She stated currently she had a total of 4 housekeepers and 1 floor tech/housekeeper. She stated currently she was scheduling 3 housekeepers and the floor tech; 2 housekeepers for Station 2 and 1 housekeeper for Station 1, so 1 housekeeper had a day off. She stated the goal was to hire more housekeepers so she could schedule 2 housekeepers for each Station. She stated she would relieve the housekeeper on Station 1. HS-N stated she did everything - laundry, housekeeping, and floor tech when needed. She stated she currently had 4 laundry staff. The laundry and housekeeping staff were scheduled to work every day (7 days per week). On Saturday 2/18/23 she worked as a housekeeper with 2 housekeepers. She stated a housekeeper worked in Station 1 on Saturday. She worked again on Sunday 2/19/23 with 2 housekeepers. HS-N stated she scheduled the staff for 2 weeks at a time and would provide the housekeeping schedule for review.<br><br>Interview and record review on 2/22/23 at 10:58 AM with HS-N regarding the housekeeping schedule for 2/12/23 - 2/25/23 revealed she did not include HS-AI on the schedule because he knew his schedule. She stated she did not include herself on the schedule. The two TBA staff were supposed to be new employees, who were hired and did not show up. HS-N stated she had called them, and one did not reply and the other said she did it for her benefits. She stated she discussed the work location assignments with the housekeepers each morning. HS-N stated she was doing supervisor duties this morning but may help clean later. She stated she did not have a list of cleaning tasks, but she did have a job description for housekeepers.<br><br>Review of the schedule revealed:<br><br>On Saturday 2/18/23 - 2 housekeepers worked; HS-N stated she had worked.<br><br>On Sunday 2/19/23 - 3 housekeepers worked as scheduled; HS-N stated she came in and worked too because the State was in the building.<br><br>On Monday 2/20/22 - 3 housekeepers worked as scheduled; HS-N stated she worked, too.<br><br>On Tuesday 2/21/23 - 2 housekeepers worked as scheduled; and HS-N worked.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Today, Wednesday 2/22/23 - 2 housekeepers working on Station 2 with the floor tech; and 1 housekeeper working on Station 1.<br><br>In an interview on 2/22/23 at 11:14 AM HS-AJ, working on Station 1, stated she had been employed in facility since late 1995. She had a copy of the housekeeping schedule taped to top of the cleaning cart. She stated she only worked in Station 1. She stated the only cleaning list was for rooms scheduled for deep cleaning, and she deep cleaned 1 room per day. She stated daily cleaning of rooms included cleaning the bathrooms, mopping floors, dusting, and emptying trash. She stated she had been off duty for Saturday and Sunday, 2/18/23 and 2/19/23. When asked what the condition of the residents' rooms were like when she came back to work on Monday 2/20/23, she stated they were a little dirty and the trash had not been emptied. She said some of the waste baskets did not have liners and some had dirty diapers. She stated she did not clean the therapy hall, but she did clean Hall 6. When asked about Resident #87's room, she stated his room was always a mess. She stated she only checked his room [ROOM NUMBER] time a day and had already cleaned it today.<br><br>In an interview on 2/22/23 at 11:25 AM, HS-N provided a copy of the job description for Light Housekeeper, not dated, for review. She stated she did not have a list of required daily housekeeping tasks or any policies and procedures for housekeeping tasks.<br><br>Review of the Job Description for Light Housekeeper, not dated, revealed the following [in part]:<br><br>Position Summary<br><br>Performs housekeeping and cleaning activities within well established guidelines and assigned areas and shift(s) to ensure that quality standards, safety guidelines and customer service expectations are met. The light housekeeper is responsible for satisfactory and timely completion of assigned cleaning area according to schedule. Reports equipment/cleaning product needs and/or malfunctions to supervisor in timely fashion. The light housekeeper performs a variety of tasks, such as dust mopping and damp mopping floors in all areas including entry ways, corridors, etc. Is responsible for mixing and sue of cleaning solutions and adheres to safety precautions. Cleans and sanitizes bathrooms including sinks, tubs, floors and commodes. Is responsible for daily cleaning and sanitizing of patient room furniture, as well as sitting room and dining room furniture. Removes and disposes of trash and relieves laundry staff as needed, and performs all other related duties as assigned .<br><br>In an interview on 2/22/23 at 12:01 PM MDS-LVN stated the Hall 2 shower room was the only shower room that was being used in Station 1.<br><br>In an interview on 2/22/23 at 12:03 PM, HS-N stated the shower room in Station 1 on Hall 6 was out of order due to plumbing issues. She stated she was not sure why it was not up and running, as it had been closed for 6 or 7 months.<br><br>Observation and interview on 2/22/23 at 12:14 PM revealed the Station 1 shower room being used by residents was located between Hall 1 and Hall 2. There were two shower stalls. MM stated the shower stalls had raised floor tiles which were supposed to be nonslip. He stated he had not had any complaints about the shower floor tiles being slick. He stated he had a roll of anti-skid tape that could be used in the Station 1 shower room stall floors. He stated he had used it in the Station 2 shower room.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation and interview on 2/22/23 at 12:22 PM revealed the Station 1 shower room located on Hall 6 had a locked door. MM unlocked the door and stated all that needed to be done was to put a shower head on the end of the shower hose, remove the floor vacuum and wide bedside commode chair that were being stored in the shower stall. He stated he would put anti-skid tape on shower stall floor and would replace the key lock door handle with a keypad lock and install a self-closing device on the door. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35675<br><br>Based on observation, interview, and record review the facility failed to protect the resident's right to be free from abuse and neglect for 4 of 4 residents (Resident #1, Resident #79, Resident #53, Resident #57) reviewed for abuse and neglect.<br><br>1. The facility failed to follow physician's orders to prevent Resident #1 who had an indwelling catheter received appropriate treatment and services to prevent a urinary tract infection and complications associated with an indwelling catheter.<br><br>2. The facility failed to follow physician's orders to prevent Resident #79's stage 4 pressure ulcer to his sacrum from developing osteomyelitis, and his right heel pressure ulcer to deteriorate from a stage 3 to a stage 4.<br><br>3. The facility failed to have sufficient staff with necessary competencies and failed to have interventions in place to provide resident care with aggressive with physical behaviors. R53 assaulted residents on multiple occasions on Station 2/Hall 6 (women secured locked unit), that led to resident injuries that required medical treatment.<br><br>4. The facility failed to have interventions in place to prevent Resident #57 from being abused by other residents on Station 2/Hall 2 (men secured locked unit), due to lack of staff with competencies to provide care with resident with aggressive behaviors int he locked unit.<br><br>An Immediate Jeopardy (IJ) was identified on 02/22/23. While the IJ was removed on 02/24/23, the facility remained out of compliance at a severity level of actual harm with a scope of pattern, due to the facility's need to evaluate the effectiveness of their corrective actions.<br><br>These failures could place residents at risk of infections, worsening of wounds, injuries, emotional distress, and even death.<br><br>Findings include:<br><br>1. Resident #1<br><br>Record review of Resident #1 face sheet dated 02/20/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnosis: Unspecified fracture of left shaft/femur, Non-ST elevation myocardial infarction (heart attack due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Review of Resident #1 physician orders dated 10/13/2022 revealed Foley Catheter: Size (10cc) FR (16) Diagnosis: Neurogenic bladder (lack bladder control due to brain, spine, or nerve problems)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #1's physician order dated 10/21/2022 revealed: Foley Catheter: May obtain urine sample via Foley Catheter Port as needed when a Urine Analysis is ordered. (If Foley Catheter has been in place greater than 14 days, change Foley Catheter before obtaining urine.)<br><br>Review of Resident #1's physician order dated 10/21/2022 revealed: Foley Catheter: Provide catheter care every shift.<br><br>Review of Resident #1's physician order dated 10/21/2022 revealed: Foley Catheter: Change catheter and drainage bag as needed for indications of blockage, increased sediment, infection, displacement as needed.<br><br>Record review of Resident #1 Discharge MDS Section C dated 09/19/2022 revealed in Section H (bladder and bowel) that she was frequently incontinent, 7 or more times episodes of incontinent, but 1 episode of continent).<br><br>Record review of Resident #1 Quarterly MDS dated [DATE] revealed in Section C (Cognitive Patterns) a BIMS Score of 15 indicating no cognitive impairment and in Section H (bladder and bowel) that resident had an indwelling catheter.<br><br>Record review of Resident #1 electronic care plan accessed on 02/20/2022 revealed the following: Problem - Resident #1 has Indwelling Foley Catheter: Goal - Resident will not show signs of urinary infection or urethral trauma. Interventions - Change catheter every per MD order, document urinary output; record the amount, type, color and odor, observe for leakage, keep catheter system a closed system as much as possible, position bag below level of bladder, provide catheter care as scheduled and PRN. Problem- Resident #1 has a urinary tract infection. Goal- resident will not exhibit signs of a urinary tract infection. Interventions- Administer Bactrim DS (antibiotic), encourage fluids, keep perineal area clean and dry and report signs or UTI (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back pain/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine and blood in urine). Initiated date of 10/15/2022 and revised date of 01/31/2023.<br><br>Record review of Resident #1 most recent significant change MDS Section C dated 01/30/2023 revealed she had the ability to express ideas and wants and was able to understand others clearly. Resident #1 had a BIMS of 14 out of score of 15 which indicated an intact cognition. Resident #1 was extensive assistance for activities of daily living (ADL) except for eating where she required supervision.<br><br>Record review of Resident #1 significant change MDS on 01/30/2023 revealed Resident #1 had an indwelling catheter reported in section H: Bladder and Bowel.<br><br>Observation and interview on 02/18/2023 at 10:15 AM, Resident #1's catheter bag was full and overflowing with urine and backflowing up the tubing. The catheter bag was leaking on the floor. Resident reported that it had not been drained in 2 days. The resident's urine was cloudy, with sediment visible in tubing and bag. There was a thick cloudy substance in the tubing that appeared to be puss.<br><br>Observation and interview on 02/18/2023 at 10:16 AM, with the DON present Resident #1's catheter tubing and bag was visualized. The DON said that the thick cloudy substance in the resident's catheter bag and tubing appeared to be a puss like substance. She said that she was going to have it changed immediately.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Interview on 02/18/2023 at 1:20pm, DON stated indwelling catheter bags should always be covered. She also stated catheter bags that are full of urine backflowing in the catheter tubing placed the resident at risk for infections. She stated she did not know the reason for Resident #1's overflowing catheter bag with urine backflowing into the catheter tubing.<br><br>Observation on 02/18/2023 at 3:58pm, Resident #1 continued to have an indwelling catheter with an overfilled catheter bag with urine backflowing in the catheter tubing. The bag continued to be leaking urine onto the floor. The urine was cloudy, with sediment visible in tubing and bag. There was a thick cloudy substance in the tubing that appeared to be puss. This observation was reported to the Corporate Regional Resource Nurse-J.<br><br>Observation and interview on 02/19/2023 at 8:35 am, Resident #1's catheter bag had been emptied; however, the Foley catheter and tubing had not been changed and was observed to be crusted with sediment and puss like substance visible in the tubing. There was a trash bag on the floor under the uncovered catheter bag. Resident #1 stated that the trash bag was placed to catch leaking urine from the catheter bag.<br><br>Interview on 02/19/2023 at 9:45 am, RN-V stated she had not gone to Resident #1's catheter bag to check if it had been drained or changed during previous day's shift. She reported it was delegated to her, but she was busy and had not had a chance to do it.<br><br>Interview on 02/19/2023 at 10:02 am, Corporate Regional Resource Nurse-J-J stated she had instructed RN-V to change Resident #1's catheter bag. She stated that RN-V reported that it had been changed. She collected a UA sample while changing it and would notify the physician. She stated that the catheter should have been changed due to the sediment. She said that she could see where there was an issue for concern.<br><br>Interview on 02/19/2023 at 11:04 am, DON stated she asked LVN-O and RN-V to change Resident #1's catheter, tubing and bag yesterday afternoon. She could not remember the exact time, but it was after lunch. She said she went back to Resident #1's rooms yesterday afternoon and it continue to not be completed. She then asked them again to complete the task. She stated this failure placed the residents at risk for an infection.<br><br>Interview on 02/19/2023 at 3:10pm, RN-V said she did not change Resident #1's catheter tubing but only changed the bag. She said she obtained a urine sample for an ordered UA from the catheter tubing that continued to have sediment and puss like substance but not from the bag.<br><br>Interview and observation on 02/19/23 03:15 PM, Corporate Regional Resource Nurse-J-J stated she instructed RN-V to change Resident #1's entire catheter on 02/18/2023.<br><br>Observation and interview on 02/19/2023 at 11:20 am, Resident #1 was speaking with surveyor without any distress.<br><br>Observation on 02/19/2023 at 2:57 pm, with Corporate Clinical Company Leader RN-I present, Resident #1 was observed unresponsiveness with emesis on chest . Corporate Clinical Company Leader RN-I stated she had to check Resident #1's pulse because she wasn't sure if she was alive.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Interview on 02/19/2023 about 3:00pm, Resident #56 (Resident #1's roommate) said Resident #1 received her lunch tray about 12:00 pm and almost immediately started to throw up. Resident #56 then called for help, but no one came until about 2:00 pm. Resident #56 said she told the staff that Resident #1 needed assistance, the staff was Assistant Administrator in Training who removed Resident #1's tray and stated, I can't help you and left the room.<br><br>Review of Resident #56's quarterly MDS dated [DATE] revealed Section C Cognitive Patterns BIMS Score of 15 indicating no cognitive impairment.<br><br>Observation on 02/19/2023 at 3:25pm, Resident #1 was transferred to a local hospital via EMS.<br><br>Interview on 02/19/2023 at 4:34pm, the DON said she looked at Resident #1's catheter yesterday (02/18/2023) and it appeared to have puss and sediment in the catheter tubing and catheter bag entry hub. She said it was her expectation that it was to be changed. She made an additional request for the catheter to be changed this morning by RN-V. DON stated she discovered Resident #1 left the facility (to the hospital) without a changed catheter tubing but only a changed catheter bag. It was her expectation that it was changed yesterday.<br><br>Interview on 02/20/2023 at 3:57pm, CNA-Z stated Resident #1 had puss in her catheter tubing when she drained the catheter bag and performed incontinent care about 2 weeks ago. She stated she notified RN-V of the puss in resident's catheter tubing at that time.<br><br>Interview on 02/20/2023 at 04:04 PM, Resident #56 (Resident #1's roommate) said she pressed the call light frequently and it takes a while to answer. She said the lady who came to answer the call light after two hours had long dark hair and was part of administration but did not work the floor. Resident #56 (Resident #1's roommate) said that this staff went to the Resident #1 and said Oh, My God, when she saw the resident. Resident #56 (Resident #1's roommate) said that the staff stated she could not help Resident #1 and left the room. Resident #56 (Resident #1's roommate) said she thought the staff was coming back but never did. Resident #56 (Resident #1's roommate) said she could hear Resident #1 throwing up and gurgling. Resident #56 (Resident #1's roommate) said no one changed their catheters. She said yesterday (02/19/2023) the staff just changed the bag. Resident #56 (Resident #1's roommate) said the regional nurse did in fact tell the nurse to just change the bag until she got caught up and that she could change it later. Resident #56 (Resident #1's roommate) said it was the same nurse who told her in Spanish to butt out and put her hand to her mouth as in telling her to hush and she cut her eyes.<br><br>Interview on 02/20/23 04:34 PM, RN-V stated while in Resident's room that she was short of staff 02/19/2023 and behind. She said when the regional nurse came, she told her to change the catheter bag only. She said she was often short staffed or without staff and can do what she can do. She said she is trying hard and stays for the residents.<br><br>Interview on 02/21/2023 at 4:46 PM, with Resident #1's Family Members A and B revealed when they would come to see her, she would look malnourished, and her catheter bag was always full.<br><br>Record review of Resident #1's vital reports, dated 02/21/2023, provided by Corporate Clinical Leader RN-H revealed no evidence of catheter care, drainage of catheter bag and amount of urine obtained during drainage on 48 occasions between 01/18/23 and 02/19/23.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review of Resident #1's hospital record History and Physical dated 02/19/2023 at 8:48pm, revealed the following physician's notes- We sent her to the ICU Again, clinically it just seems to be a very ill patient, who was sent from the nursing home for an honestly a bogus reason at this point. At any rate from what I can gather she had left sided weakness from a prior stroke, but today currently it seems like she is not moving the right side, so we will get MRI of the brain. She does have a UTI in her labs, which will be treated.<br><br>Record review of Resident #1's hospital records dated 02/19/2023 revealed Resident #1 was admitted into the hospital's ICU with diagnosis of UTI & rule out stroke.<br><br>Record reviewed on Resident #1's hospital records labs, assessment and plan dated 02/19/2022 revealed, Resident #1 had a primary diagnosis of Urinary Tract Infection, with orders to check cultures, place her on ceftriaxone (antibiotic)<br><br>Record review of Resident #1's hospital records dated 02/21/2023 revealed Resident #1 had a diagnosis of Sepsis (A life threatening complication or infection. Sepsis occurs when chemicals released in the bloodstream to fight an infection throughout the body. This can result in multi organ system failure and even death).<br><br>Records review of Resident #1's hospital records dated 02/21/2023 Assessment and Plan revealed:<br><br>1. UTI in the setting on chronic indwelling foley catheter. Urine culture grew E coli. Blood cultures grew gram positive cocci. Start IV Vancomycin and Rocephin for empiric treatment.<br><br>2. Bacteremia: Blood culture grew gram positive cocci. Start IV Vancomycin (antibiotic) and Rocephin (antibiotic) for empiric treatment.<br><br>2. Resident #79<br><br>Review of Resident #79's electronic Face Sheet dated revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis (infection of the bone caused by bacteria), pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus (inflammatory disease caused when the immune system attacks its own tissues causing fatigue and pain), major depressive disorder, dependence on renal dialysis (procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly), dependence on supplemental oxygen, chronic atrial fibrillation (irregular heart beat), Methicillin resistant Staphylococcus aureus (certain type of bacteria resistant to treatment by many common antibiotics), and Type 2 diabetes mellitus .<br><br>Review of Resident #79's Admission MDS dated [DATE] revealed:<br><br>Section C: Cognitive Patterns BIMS Score of 15 indicating no cognitive decline; Section G Functional Status indicated extensive/2+ person physical assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated one Stage 3 pressure ulcer present upon admission and one Unstageable pressure ulcer due to coverage of wound bed by slough and/or eschar present upon admission.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #79's Quarterly MDS dated [DATE] revealed:<br><br>Section M: Skin Conditions indicated two Stage 4 pressure ulcers present upon admission, and one Unstageable pressure ulcer that was not present upon admission.<br><br>Review of Resident #79's Care Plan last revised 1/30/23 revealed:<br><br>Problem: Resident has a pressure ulcer to sacrum r/t immobility. Goal: Resident's ulcer will heal without complications. Approach: use cushion provided by family for pressure reduction when resident is in chair; conduct a systematic skin inspection daily during treatment ; Problem: Pressure Sores/Skin Care. Goal: Prevent/Heal pressure sores and skin breakdown. Approach: follow facility skin care protocol; preventative measures use cushioned boots for heels while in bed as tolerated, off load heels while in bed; report to charge nurse any redness or skin breakdown immediately; treatment as ordered; turn and reposition every 2 hours and PRN; Problem: Resident has a pressure ulcer to right heel r/t immobility. Goal: Resident's ulcer will not increase in size. Ulcer will not exhibit signs of infection. Approach: . conduct a systematic skin inspection during treatment .<br><br>Review of Resident #79's electronic orders revealed:<br><br>Multivitamin plus Minerals 1 tablet by mouth daily (start date 11/15/22)<br><br>Left heel cleanse with ns or wound cleanser and apply sure-prep two times daily for preventative (start date 11/25/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing every day until resolved (start date 11/25/22)<br><br>Cleanse right heel with normal saline or wound cleanser, apply sure-prep to heel two times daily for preventative (start date 11/25/22)<br><br>Ascorbic acid (vitamin c) 500mg 1 tablet by mouth daily (start date 11/29/22)<br><br>Pro-Stat AWC (amino acids-protein hydrolys) 17-100 gram-kcal/30ml give 30ml by mouth twice a day (start date 11/29/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing as needed until resolved (twice a day - PRN, morning, bedtime) (start date 11/29/22)<br><br>Cleanse right heel with normal saline or wound cleanser apply anasept to wound and secure with a bordered dressing daily (start date 12/29/22)<br><br>Use cushioned boots while in bed as tolerated (start date 1/3/23)<br><br>Ertapenem 1 gram intravenously daily for 42 days r/t osteomyelitis (start date 1/13/23 end date 2/24/23)<br><br>Site 1: Sacrum<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #79's Wound Management Wound History dated 11/15/2022 at 8:08 am revealed: Pressure Ulcer to Sacrum present on admission.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed:<br><br>Stage 4 Pressure Wound Sacrum Full Thickness measured 1.7cm in length by 0.7cm in width with 1.2cm in depth.<br><br>Review of Resident #79's Wound Care Physician Progress Note dated 01/12/2023 revealed:<br><br>The histology report from the biopsy of the sacrum taken on 01/05/2023 indicates acute osteomyelitis.<br><br>Review of Resident #79's physicians orders dated 11/25/2022 revealed:<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing every day until resolved.<br><br>Review of Resident #79's physicians orders dated 11/29/2022 revealed:<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing as needed until resolved.<br><br>Review of Resident #79's Treatment Administration Record from November 2022 to February 2023 revealed no evidence of treatments on 12/02/2022, 12/25/2022, 12/26/2022, 01/01/2023, 01/05/2023, 01/08/2023, 01/11/2023, 01/19/2023, 02/04/2023, 02/08/2023, 02/11/2023, 02/19/2023<br><br>Review of Resident #79's electronic record revealed no evidence of reposition every 2 hours and as needed and conduction of systematic skin inspection daily between 11/25/2022 and 12/29/2022.<br><br>Site 2: Right Heel<br><br>Review of Resident #79's Wound Management Detail Report dated 11/15/2022 at 8:11am by LVN-AE revealed: Stage 3 pressure ulcer to right heel measured 0.3cm in length by 0.3cm in width with 0.1cm in depth.<br><br>Review of Resident #79's Wound Management Wound History dated 11/25/2022 at 7:33am revealed: Pressure Ulcer to right heel present on admission and healed.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed: Unstageable due to necrosis (death of cells in body tissues) of the Right Heel measured 1cm in length by 1.1cm in width with no measurable depth.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/29/2022 revealed deterioration to a Stage 4 Pressure Wound of the Right Heel.<br><br>Review of Resident #79's Wound Management Wound History dated 12/29/2022 at 2:31am revealed: Pressure Ulcer to right heel present on admission.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #79's Wound Management Detail Report dated 02/23/2023 at 7:11pm by Corporate Clinical Company Leader RN-I revealed: Stage 4 Pressure Ulcer to right heel measured 0.5cm in length by 0. 6cm in width with unmeasurable depth. The wound had necrotic tissue type.<br><br>Review of Resident #79's skin assessment records revealed no evidence of systematic skin inspection during treatment between 11/25/2022 and 12/29/2022.<br><br>During an observation on 02/20/23 at 3:25 PM of Resident #79's wound care revealed RN-V completed wound care with the assistance of MDS-RN and LVN Q. RN-V failed to change gloves after removing sacrum dirty wound dressing and beginning to apply treatment and clean dressing to sacrum. RN-V also failed to perform hand hygiene before applying new gloves to begin treatment to right heel. Following the treatment, RN-V was unable to be located for an interview.<br><br>Interview on 2/24/23 at 4:48 PM, LVN-Q stated wound care with Resident #79 on 2/20/23 performed by RN-V went badly. She stated she did not see RN-V wash hands or use sanitizer at any time before or during the dressing changes, but she did see her change her gloves in between each wound. LVN-Q stated that was not the correct procedure for hand hygiene during wound care and could lead to recontamination of the wound. She stated that RN-V was feeling overwhelmed but that was not an excuse. She stated that it was just overall not good.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 2/21/23 at 11:35 AM, Corporate Clinical Company Leader RN-H stated Resident #79 was admitted to facility on 11/15/22 with stage 3 to sacrum and stage 3 to right heel and that both wounds were documented on admission. Corporate Clinical Company Leader RN-H stated that in her investigation of the Resident #79's chart, it appeared that the wound care/treatment nurse at the time documented the right heel wound was healed on 11/25/22 even though the wound was never healed. She stated the right heel wound was re-identified as a stage 4 on 12/29/22. She stated that because the wound was documented as healed it went one month without treatment or observation leading to it decline to a stage 4. She stated that Resident #79's sacral wound was a stage 3 on admission but had declined to a stage 4. She stated the documentation stating the wound was improving even with the presence of osteomyelitis was strictly referring to the wound bed appearance from her understanding. Corporate Clinical Company Leader RN-H stated the resident was diagnosed with osteomyelitis at the site of the sacral wound by the wound care physician. She stated the staff was supposed to do skin sweeps weekly to check wounds and get measurements and the wound care doctor saw residents weekly as well. The staff did their checks on the residents that the doctor did not see. The measurements were documented in the wound management section of the chart. Corporate Clinical Company Leader RN-H stated wound care was documented on the treatment administration record only unless something was wrong or there were changes. If there was something different with a wound, she stated a prudent nurse would document in a focused observation note or progress note what was observed, notify the doctor of the change in the resident's condition, then document that the doctor was notified. She stated the wound care physician's progress notes were uploaded into the resident's EMR electronically and that he was able to put his own orders in remotely. She stated if someone did transcribe orders for him it would be the nurse who did rounds with him while he was in the building seeing residents, normally the wound care/treatment nurse when the facility had one or the DON. If the resident was a new admission and the wound care physician was giving orders, the admitting nurse would be responsible for transcribing the orders and verifying everything was in the resident's chart correctly. Corporate Clinical Company Leader RN-H stated when an order was put into the facility's charting program it went directly onto the MAR. She stated during the morning meeting, the staff should have been going over all new orders received to make sure all orders had been signed and verified and that nothing had been missed during rounds. Corporate Clinical Company Leader RN-H stated all information regarding wounds had been provided or would be found in focused observation notes.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 02/22/23 at 09:57 AM , LVN-AE the former wound care nurse for the facility, stated that on weekends RN-V would not do wound care for the residents on Station 1. When LVN-AE would ask RN-V why it was not being done, RN-V would say it was because she would be frustrated and that she was one person and could not get them (treatments) done. LVN-AE did not understand why because RN-V always had a med aide, so that would have left her free to do the treatments. LVN-AE stated that the wounds would have the same dressing on them on Monday that she put on the residents on Friday. LVN-AE stated she worked Monday through Friday as the treatment/wound care nurse. LVN-AE reported RN-V to the DON and the former Administrator, then later reported it to Regional Nurse Consultant and others who no longer work for the company. She was told by all of them that they would talk to RN-V. LVN-AE stated it never got corrected. LVN-AW felt the residents did not receive wound care as ordered by the physician when she was not in building. LVN-AE stated that every Thursday the wound care physician would see residents but by the time he arrived, she had a week to make them look better, so he did not make comments that the residents' wounds were worse. LVN-AE stated she got conflicting information from DON's regarding skin assessments. LVN-AE stated at first, she would do skin assessments on wound care residents, then was told the nurses were supposed to do skin assessments and she was only supposed to do the wound management (measurements, wound descriptions). LVN-AE said she left the facility because the facility was not willing to change and hold RN-V accountable for wound care, and she was afraid of losing her license due to the wounds in the facility.<br><br>In an interview on 2/22/23 at 10:25 AM, LVN-P stated since the wound care nurse quit whoever was working the floor was responsible for wound care for the residents. She stated typically, there was a charge nurse and a med nurse on the day shift, and they helped each other out with the residents. LVN-P stated Station 1 had 6 residents getting wound care at that time. When wound care was done, she stated she only signed off on the TAR and she never put a progress note in just to state the wound care had been done. She stated if there were changes to the wound it was documented in a progress note, the doctor was notified, she would notify the family and continue the treatment or write orders if any new orders were given. She stated a nurse always rounded with the wound care doctor when he saw the residents. She stated he was in the facility weekly, and she rounded with him last week because there was no one else to do it. LVN-P stated until the facility hired a new wound care nurse, she believed the DON was going to take over rounding with him.<br><br>In an interview on 2/22/23 at 10:49 AM, Corporate Clinical Company Leader RN-H stated that she was not aware skin assessments were not being done accurately and treatments were not being done until surveyors arrived at the facility. She stated the facility was currently in the process of revising their wound care program to address wound care management, assessments, treatments, and care planning issues the facility had been experiencing.<br><br>In an interview on 2/23/23 at 11:35 AM, the Wound Care Physician stated that his expectation was that his orders would be followed and the wound care for the residents would be done. Wound Care Physician stated that if a resident's wound care was not done as ordered over the weekend that when he came to the facility on Thursday, the wounds would have time for improvement by the time he saw them again if the treatments were started back up on Monday. He stated he did rounds with the floor nurses when he saw the residents.<br><br>3. Resident #53<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review of Resident #53's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE]. She resided on Station 1 Hall 6 which was a Woman's secured unit (the average age of the women residents on Station 1 Hall 6 was [AGE] years). Diagnosis included: anoxic brain damage; diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness; epilepsy and epileptic syndromes with seizures of localized onset; restlessness and agitation; post-traumatic stress disorder; repeated falls; muscle weakness (generalized); insomnia due to other mental disorder; major depressive disorder; anxiety disorder; dysphagia (difficulty in swallowing), altered mental status; pain; adult sexual abuse.<br><br>Record review of Resident #53's Quarterly MDS, dated [DATE], revealed the BIMS score was blank indicating inability to obtain a Brief Interview for Mental Status; Section E: Behavior indicated no psychosis, presence of physician behavior symptoms directed toward others, significant risk for physical illness or injury on self and others, rejection of care, wandering that places resident at significant risk of getting to a potentially dangerous place and intrusion on privacy of activity of others.<br><br>Record review of Resident #53's Care Plan, last edited on 02/13/23 revealed: Problem: I have periods of time where I am in constant motion/movement. Problem: I get frustrated because of my physical condition and may reach out to grab or hit others. Goal. To not hit other residents. Approach. Patient placed on 1:1 observation for at least 72 hours to prevent injury to others, will keep her separated from arms reach from other residents, put gloves on resident to prevent any injury if she reaches out. Problem: I have anxiety related to anoxic brain injury as evidence by I fidget constantly, grab at others, lick my hands and rub it on things and people, sit to stand frequently, stand up rapidly and attempt to walk with no regards to surroundings. Problem: Behavioral Symptoms - licking her hands and trying to touch others, invading others space, grabbing at others, sitting and or lying-in other residents' beds when they are not in them. Goal. Resident will have less than 5 bad outcomes due to grabbing at people and toward staff or other residents over the next 90 days. Approach: 15-minute checks, I will have increased supervision due to my behavior or grabbing at things and swinging my arms, I rest better with a quiet calm environment at night, Problem: Falls. Approach. Ordered an oversize bean bag for positioning.<br><br>Review of Resident #53's electronic record from April 2022 to February 2023 revealed no evidence of documented 15-minute checks and no evidence of physician's order for 1:1 level of supervision.<br><br>Record review of Resident #53's transfer documentation packet, faxed on 04/19/2022 from previous facility revealed: resident required a locked facility that has more supervision and brain training support. On 04/21/22, Resident #53 was transferred from a sister facility requiring 1:1 supervision due to being threat to herself and others.<br><br>Record review of Nurse Practitioner progress note, dated 06/10/22, revealed Resident #53 was transferred fro [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41871<br><br>Based on observation, interview and record review the facility failed to ensure residents were free from physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms for 1 of 8 residents (Resident #53) reviewed for freedom from physical restraints, in that:<br><br>The facility failed to obtain consent, physician's order, and care plan for Resident #53's gait belt in which staff restricted her freedom of movement and was not required to treat her medical symptoms.<br><br>This failure could put residents at risk of unnecessary restriction of their freedom of movement (any change in place or position for the body or any part of the body that the person is physically able to control).<br><br>Findings include:<br><br>Record review of the State Operations Manual Appendix PP, (Rev. 208, 10-21-22), F604 defined Physical restraint as any manual method, physical or mechanical device, equipment, or material that meets all of the following criteria:<br><br>o Is attached or adjacent to the resident's body;<br><br>o Cannot be removed easily by the resident; and<br><br>o Restricts the resident's freedom of movement or normal access to his/her body.<br><br>Resident #53<br><br>Record review of Resident #53's electronic face sheet, dated 02/23/23, revealed a [AGE] year-old female admitted to the facility on [DATE]. She was being housed on the women's secured unit (the average age of the residents was [AGE] years). Diagnosis included: anoxic brain damage; diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness; epilepsy and epileptic syndromes with seizures of localized onset; restlessness and agitation; repeated falls; muscle weakness (generalized); insomnia due to other mental disorder; major depressive disorder; anxiety disorder; and pain.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #53's Quarterly MDS, dated [DATE], revealed the BIMS score was blank. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. None of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavior symptoms directed towards others - behavior of this type occurred 1 to 3 days, B. Verbal behaviors symptoms directed towards others - behavior not exhibited, C. Other behavioral symptoms not directed towards others - behavior of this type occurred 1 to 3 days. E0900: Wandering - 1 (Behavior of this type occurred 1 to 3 days). Section G: Functional Status. G0300: Balance during transitions and walking: A. Moving from seated to standing position - 1 (not steady, but able to stabilize without human assistance). B. Walking (with assistive device is used) - 1 (Not steady, but able to stabilize without human assistance). Section P0100: Physical Restraints: Not used.<br><br>Record review of Resident #53's Care Plan, last edited on 02/13/23 revealed: Problem: I have periods of time where I am in constant motion/movement. Problem: I get frustrated because of my physical condition and may reach out to grab or hit others. Goal. To not hit other residents. Approach. Patient placed on 1:1 observation for at least 72 hours to prevent injury to others, will keep her separated from arms reach from other residents, put gloves on resident to prevent any injury if she reaches out. Problem: I have anxiety related to anoxic brain injury as evidence by I fidget constantly, grab at others, lick my hands and rub it on things and people, sit to stand frequently, stand up rapidly and attempt to walk with no regards to surroundings. Problem: Psychosocial Well-Being: Approach: I like to go outside or sit in my bean bag. Sometimes I wear gloves to keep me from harming others when they get into my vicinity. Sometimes I am medicated so I do not harm myself or others. Falls. Approach: Ordered an oversize bean bag for positioning. Problem: Skin. Approach: Preventative Measures, use gait belt with handles to help me walk.<br><br>In an observation and interview on 02/14/23 at 11:00 am, Resident #53 was observed with a gait belt around her waist. Resident #53 was sitting in a chair and was constantly attempted to stand up, CNA-JF was observed grabbing with her hand the back loop of the gait belt, pulling Resident #52's back down into her chair restricting her movement. CNA-JF stated the staff used the gait belt to control Resident #53's movements.<br><br>In an observation and interview on 02/14/23 at 11:30 am, the Administrator in Training was sitting 1:1 with Resident #53. The Administrator in Training utilized the gait belt to pull Resident #53 back down in her chair, restricting her movement when she attempted to approach other residents, and restricted her movement while she was crawling on the floor by pulling backwards on the gait belt. The Administrator in Training stated she had not received any training on dealing with aggressive residents. She said that gait belt was used to direct Resident #53.<br><br>In an observation on 02/15/23 at 9:30 am, the Interim DON was observed 1:1 with Resident #53. She was utilizing the gait belt to control the movements of Resident #53.<br><br>In an observation on 02/15/23 at 3:50 pm, the Interim DON was 1:1 with Resident #53. She was observed utilizing Resident #53's gait belt to restrict and control her movement while she was walking and crawling on the floor by pulling back on the gait belt to redirect her from other residents.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview with the Interim DON and the Corporate Regional Resource Nurse-J on 02/15/23 at 11:00 AM, the Interim DON said she did not consider Resident #53's gait belt a restraint. She said it was being used as an assistive device to keep Resident #53 from falling so there was no need for a physician's order, consent, or care plan addressing the gait belt. When she was informed about observations of staff restricting Resident #53's movements, she said she would consult therapy about the use of the gait belt. The Interim DON said she would obtain consent, update the MDS and the Care Plan.<br><br>In an interview with the Corporate Regional Resource Nurse-J on 02/15/23 at 3:11 pm, she stated consent for the use of the gait belt was obtained on this date.<br><br>In an interview on 02/16/23 at 3:00 pm, the Director of Rehab said Resident #53 was admitted to the facility with a gait belt. She stated she considers Resident #53's gait belt as an enabler to be used for guidance to keep the resident from falling. She did not agree that pulling on the gait belt forcing a resident in their chair would be consider a restraint. She stated, I guess we have a different way of looking at it, but to me it is not a restraint. She stated she had not personally evaluated the resident for a gait belt but would do so.<br><br>In an interview on 02/15/2023 at 5:04 PM, the Corporate Clinical Company Leader RN stated Resident #53's Representative gave consent for the gait belt with loops to be used out of bed.<br><br>In an observation on 02/16/23 at 11:50 am, TNA-BM was observed utilizing Resident #53's gait belt to restrict her movements by moving her away from other resident's multiple times.<br><br>In an observation and interview on 02/16/2023 at 3:00 pm, TNA-LA was observed multiple times pulling on Resident #53's gait belt restricting her movements. She stated we were told by Administration to use the gait belt to keep Resident #53 away from the other residents.<br><br>In an interview on 02/22/23 at 11:45 AM, the Corporate Clinical Company Leader RN, stated there was no consent for the use of a gait belt for Resident #53. She said the Interim DON got verbal consent from the Resident #53 Representative on 02/15/23 and the form was sent by mail.<br><br>A record review of Resident #53's progress note, dated 09/18/22, revealed Resident constantly bucking in wheelchair with gait belt used to assist staff in returning resident to wheelchair when she attempts to take off walking with her highly unsteady gait.<br><br>Record review of Resident #53's electronic health record, accessed on 02/14/23, revealed there was no physician's order, no consent, and no care plan for using the gait belt as a restraint or redirection.<br><br>Record review of the facility policy Abuse Prevention Program, dated as revised 01/09/2023, revealed the following [in part]:<br><br>Policy Statements:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.<br><br>During interview on 02/24/2023 at 7:00pm, Interim Administrator, Corporate Survey Resource Personnel, Corporate Regional [NAME] President of Operations, and two (2) Corporate Clinical Company Leader RNs did not provide a requested policy for restraints as requested. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41871<br><br>41944<br><br>Based on observation, interview, and record review the facility failed to thoroughly investigate, prevent further potential abuse when allegations of abuse was made for 7 of 7 Residents (Resident #53, Resident #6, Resident #9, Resident #15, Resident #40, Resident #43, and Resident #74) that resided on Station 2/Hall 6 (women's secure locked unit).<br><br>1. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #43, #53, #74 that resulted in injuries to Resident's #43 and #53 on 12/03/22.<br><br>2. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #40, #53 that resulted in an injury to Resident #40 on 12/21/22.<br><br>3. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #9 and #53 that resulted in an injury to Resident #9 on 12/21/22.<br><br>4. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #40, #53 and #74 that resulted in an injury to Resident #53 on 01/26/23.<br><br>5. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #15 and #53 on 11/26/22.<br><br>6. The facility failed to thoroughly investigate and prevent further potential abuse involving Resident's #6 and #53 to prevent on 12/20/22.<br><br>This failure could place the residents who resided on Station 2/Hall 6 (women's secured unit) at risk of serious injury and emotional distress.<br><br>Findings include:<br><br>Resident #53<br><br>Record review of Resident #53's electronic face sheet, dated 02/23/23, revealed a [AGE] year-old female admitted to the facility on [DATE]. She was being housed on the women's secured unit (the average age of the residents on the women's secure unit was [AGE] years). Diagnosis included: anoxic brain damage; diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness; epilepsy and epileptic syndromes with seizures of localized onset; restlessness and agitation; post-traumatic stress disorder; repeated falls; muscle weakness (generalized); insomnia due to other mental disorder; major depressive disorder; anxiety disorder; dysphagia (difficulty in swallowing), altered mental status; pain; adult sexual abuse; and victim of crime and terrorism.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #53's Quarterly MDS, dated [DATE], revealed the BIMS score was blank. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. None of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavior symptoms directed towards others - behavior of this type occurred 1 to 3 days, B. Verbal behaviors symptoms directed towards others - behavior not exhibited, C. Other behavioral symptoms not directed towards others - behavior of this type occurred 1 to 3 days. E0900: Wandering - 1 (Behavior of this type occurred 1 to 3 days).<br><br>Record review of Resident #53's Care Plan, last edited on 02/13/23 revealed: Problem: I have periods of time where I am in constant motion/movement. Problem: I get frustrated because of my physical condition and may reach out to grab or hit others. Goal. To not hit other residents. Approach. Patient placed on 1:1 observation for at least 72 hours to prevent injury to others, will keep her separated from arms reach from other residents, put gloves on resident to prevent any injury if she reaches out. Problem: I have anxiety related to anoxic brain injury as evidence by I fidget constantly, grab at others, lick my hands and rub it on things and people, sit to stand frequently, stand up rapidly and attempt to walk with no regards to surroundings. Problem: Behavioral Symptoms - licking her hands and trying to touch others, invading others space, grabbing at others, sitting and or lying-in other residents' beds when they are not in them. Goal. Resident will have less than 5 bad outcomes due to grabbing at people and toward staff or other residents over the next 90 days. Approach: 15-minute checks, I will have increased supervision due to my behavior or grabbing at things and swinging my arms, I rest better with a quiet calm environment at night.<br><br>Record review of Resident #53's transfer documentation packet, faxed on 04/19/2023 from previous facility revealed: resident required a locked facility that has more supervision and brain training support. On 04/21/22, Resident #53 was transferred from a sister facility requiring 1:1 supervision due to being threat to herself and others.<br><br>Record review of Nurse Practitioner progress note, dated 06/10/22, revealed Resident #53 was transferred from other facility due to not being able to continually provide the 1:1 care and attention that she requires.<br><br>Record review of Social Worker progress note, dated 09/12/22 at 5:27 pm, revealed: SW expressed to Family Member J, facility is not able to meet resident needs and SW will need to talk with Family Member J regarding plans to transition resident to another facility.<br><br>Record review of Social Worker progress note, dated 10/01/22 at 10:33 am, revealed: SW expressed to Family Member J, facility is not able to meet resident needs.<br><br>Resident #43<br><br>Record review of Resident #43's face sheet in the electronic medical record, accessed on 02/14/22 revealed a [AGE] year-old female whose most recent admitted was 10/14/22 to the female secured locked unit with diagnosis to include: Alzheimer's Disease, schizoaffective Disorder (a mental health condition), and hypertension (high blood pressure).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #43's Significant Change in Status MDS dated [DATE], revealed her BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E0800 Rejection of care: behavior did not occur. Section E0900 Wandering - behavior did not occur.<br><br>Record review of Resident #43's Care Plan revealed the following problems and approaches: Problem: (start date 08/23/21) I have a history of aimless wandering increasing safety concerns. 12/03/22 Behavior from another resident. Goal: I will have less than 2 episodes of wandering into others space over the next 90 days. Approaches: I will be redirected if I walk up to someone and invade their personal space, I will be redirected as needed when wandering to prevent me from going into an unsafe area, I will reside in the secured unit. Problem: for elopement- (start date 01/11/23). Goal - Resident will not wander out of designated secure area over the next 90 days. Approach: Secure Unit Placement. Secure unit evaluation quarterly and PRN, elopement assessment quarterly and PRN Risk related to Alzheimer's /dementia.<br><br>Resident #74<br><br>Record review of Resident #74's Face Sheet document in the electronic medical record accessed on 02/14/22 revealed an [AGE] year-old female whose most recent admitted was 01/06/23 to the female secured locked unit with diagnosis to include: fractured left hip, osteoporosis (disease that makes the bones brittle), history of falling, Alzheimer's Disease, and major depressive disorder.<br><br>Record review of Resident #74's Annual MDS dated [DATE], revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E0800 Rejection of care: behavior did not occur. Section E0900 Wandering -behavior did not occur.<br><br>Record review of Resident #74's Care Plan revealed the following problems and approaches: Problem: At risk for elopement - (start date 01/11/23). Goal: Resident will be kept safe in surroundings. Approaches: continuous placement in secure unit, elopement assessment quarterly and nail care weekly. Problem: Behavioral symptoms - resident exhibits verbal and physical aggression when other residents invade her space and surroundings. Goal: Resident will not show behaviors of aggression. Approaches: Remove and provide a quiet place, staff will encourage rapport with other residents, staff will encourage redirection when resident exhibiting bouts of verbal/ physical aggression, I will have increased supervision until reviewed by psych services., I will be assisted to a quiet place when things become too loud for me, Keep environment calm and relaxed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1. Record review of facility investigation on 12/03/22 at 3:53 pm, Resident #53 slapped the face of Resident #43, and Resident #74 retaliated. A record review of the Provider Investigation Report revealed Resident #43 was sitting in the recliner minding her own business and for no reason Resident #53 slapped Resident #43 in the face. This in turn upset Resident #74 who scratched Resident #53 on the arm. Resident #43 had slight redness noted to the left side of her face. Resident #53 had several scratch marks to her upper right arm. Resident #53 was placed on increased supervision with staff. The facility failed to determine the root cause of the incidence, identify the incident as abuse, and determine corrective action to prevent a reoccurrence.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 4:39 am by LVN-AB, revealed Resident #53 had multiple behaviors throughout the evening and night. Grabbing at residents. Attempting to remove snacks from other residents. Walking on knees and crawling on the floor. Attempting to hit and kick staff during care. Removing clothes and brief and walking down hall. Walks to exit door of secured unit 1 and slaps and then tries to open locked door. No evidence of documentation that resident was on 1:1 supervision included in the note.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 3:53 pm by LVN-T, revealed Resident #53 hit another resident (not identified) across the face.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 5:46pm by LVN-T, revealed another resident was yelling get away, get away. Resident #53 hit another resident in the face and the other resident scratched at Resident #53's upper arm. Residents were separated. Resident #53 then went toward another resident and attempted to hit her, but the LVN intervened. (Other residents were not identified.)<br><br>Record review of Resident #53's progress note dated 12/03/22 at 6:05 pm by LVN-AC, revealed Resident #53 was on 1:1 supervision.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 6:43pm, LVN-T documented in Resident #53's progress notes per DON, resident to be 1:1. If no staff available to be 1:1 then resident can be on Q (every) 15-minute checks.<br><br>Record Review of Resident #53's progress note dated 12/03/22 at 10:15 pm by LVN-AC, revealed Resident #53 was on 15-minute checks.<br><br>During an interview on 02/17/23 at 9:45 am, the Interim Administrator stated she could not provide documentation of who was working on the women's secured unit at that time or documentation of 15-minute checks. She failed to address how to prevent future actions of recurrence by Resident #53 and how to protect the residents on the secured units.<br><br>Resident #40<br><br>Record review of Resident #40's electronic face sheet accessed on 02/14/22 revealed a [AGE] year-old female whose most recent admitted was 01/06/23 to the female secured locked unit with diagnosis to include: fractured left hip, osteoporosis (disease of bone that makes them brittle), history of falling, Alzheimer's Disease, and major depressive disorder.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #40's Annual MDS dated , dated 01/11/23, revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E 0800 Rejection of care: behavior did not occur. Section E 0900 Wandering - behavior did not occur.<br><br>Record review of resident #40's Care Plan revealed the following problems and approaches: Problem: Mood state - start date 01/06/23 resident exhibits socially inappropriately disruptive behavioral symptoms. Resident wanders about without direction and becomes physically aggressive (hitting, kicking etc.) when she gets near other residents or staff in her path as well as being hit by resident's she provokes with her unwanted behavior. Goal: Resident will not harm self or others secondary to socially inappropriate, disruptive behavior of opportunistically hitting or kicking residents who get in her pathway or reach while she wanders. Approach: Assess whether the behavior endangers the resident or others. Intervene, if necessary, by moving resident to a safe area, to wander, avoid over stimulation (noise, crowding and other physically aggressive residents, when resident begins to reach for, hit, kick, or grab others, provide for basic needs pain, hunger toileting, too hot/cold etc. Problem: behavioral symptoms: (start date 09/09/22) I pace up and down the halls frequently with no regards to others in my path. 08/01/22 I walked up behind another resident and got hit in the stomach. 08/17/22 I pushed another resident in the hallway while I was pacing up and down the hall. 08/26/22 I hit another resident in the face while walking in the hallway. 12/04/22 Hit by another resident. Goal: I will have less than 3 episodes of physical aggression with other people in my path over the next 90 days. Approaches: I will be redirected to least crowded areas when pacing. I will have increased monitoring and a referral to a behavioral center.<br><br>2. Record review of facility investigation on 12/21/22 at 11:25 am, Resident #53 scratched Resident #9 on the forehead. A record review of the Provider Investigation Report revealed, Resident #9 was sitting in a chair when Resident #53 approached her and brushed Resident #9 on her forehead, causing a small 2cm X 1cm scratch. The facility stated Resident #53 did not intend to hurt Resident #9 as both residents were acting per their norm. The facility failed to determine the root cause of the incidence, identify the incident as abuse, and determine corrective action to prevent a reoccurrence.<br><br>Record review of Resident #53's progress note, dated 12/21/22 at 5:35 am by LVN-AB, revealed resident #53 had multiple behaviors throughout the shift, including crawling on the floor, pulling and trying to remove the keypad cover, attempting to open doors, removing pants and brief and walking naked in the hallway, pulling a sign off the door, grabbing at residents and attempting to take their snacks, refusing evening medications, and attempting to climb in bed with another resident. Resident received Diazepam 15mg and it was documented it was not effective.<br><br>Record review of Resident #53's progress notes, dated 12/21/22 at 12:09 pm by LVN-R, revealed Resident #53 scratched another resident in the face. Resident also attempted to grab and hit the nurse.<br><br>Resident #9<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #9's Annual Assessment MDS, dated [DATE], revealed Resident #9 was admitted to the facility on [DATE]. Diagnosis included dementia, depression, and psychotic disorder (a mental disorder characterized by a disconnection from reality). Resident #9 had a BIMS score of 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E 0800 Rejection of care: behavior did not occur. Section E 0900 Wandering - behavior did not occur.<br><br>3. Record review of facility investigation on 12/21/22 at 1:52 pm, Resident #53 reached out her arm causing a skin tear to Resident #9. A record review of the Provider Investigation Report revealed, Resident #53 was ambulating in the hallway and reached out grabbing Resident #9's arm causing a small 1cm X 2cm skin tear to her forearm. Review of the report revealed it is normal for Resident #53 to reach out and grab objects and people within reach. The facility failed to determine the root cause of the incidence, identify the incident as abuse, and determine corrective action to prevent a reoccurrence.<br><br>Record review of a progress note, dated 12/21/22 at 9:40 pm by LVN-S, revealed Resident #53 was non-stop agitated and should have been on 1:1 observation. Resident #53 scratched and pulled the hair of the LVN on duty. Upon discussion with the ADON, Resident #53 was to be monitored until further notice. Record review revealed no documentation of resident being placed on 1:1 observation.<br><br>4. Record review of facility investigation on 01/26/23 at 7:00 pm, Resident #53 made contact with Resident #40's face and Resident #74 retaliated. A record review of the Provider Investigation Report revealed, Resident #40 walked to close to Resident #53 who flailed her hands making contact with Resident #40's face. Resident #74 intervened and scratched Resident #53 on her elbow. The scratch was visible. Resident #53 was placed on 1:1 observation until she went to sleep.<br><br>Record review of Resident #53's progress note dated 01/26/23 at 7:00 pm by LVN-AB revealed, an unknown resident was sitting in a chair watching TV when Resident #53 walked past the unknown resident and hit her on the jaw with a closed fist.<br><br>Record review of Resident #53's progress note dated 01/26/23 at 7:10 pm by LVN-AB revealed, Resident #53 walked past resident #40 and attempted to slap her. Resident #74 grabbed Resident #53's right elbow causing a 1.5cm X 0.5cm superficial scratch. Resident #53 was already currently on 1:1 monitoring.<br><br>Resident #15<br><br>Record review of Resident #15's electronic face sheet, dated 02/23/23, revealed an [AGE] year-old female who latest return to the facility was on 11/17/22. She was being housed on the women's secured unit until she moved to a non-secured area of the facility on 01/09/23. Diagnosis included: unspecified dementia with behavioral disturbance, schizoaffective disorder (a mental illness), other lack of coordination, need for assistance with personal care, abnormalities of gait and mobility, and insomnia.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #15's Significate Change in Status Assessment MDS, dated [DATE], revealed the BIMS score was blank. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E 0800 Rejection of care: behavior did not occur.<br><br>Record review of Resident #15's Care Plan, last reviewed/revised on 02/15/23 revealed: Problem: I have behavioral symptoms of verbal and physical aggression. Goal: Will not hit others or be hit by other residents. Approach: I do not like a lot of noise; I prefer to remain in my room most of the time where it is quiet. Problem: Falls - I have a history of falls as evidence by while walking in the dining room another resident pushed Resident #15 causing her to fall on the floor. Problem: I have aggressive behaviors at times.<br><br>5. Record review of facility investigation on 11/26/22 at 4:00 pm, Resident #53 pulled the hair of Resident #15 and Resident #74 retaliated. A record review of the Provider Investigation Report revealed, Resident #74 was in the hallway when Resident #53 attempted to hit her, Resident #74 hit Resident #53 on the arm. Resident #15 was sitting at the dining room table and Resident #53 came up and pulled Resident #15's hair. Resident #53 was placed on 15-minute checks. The facility failed to determine the root cause of the incidence, identify the incident as abuse, and determine corrective action to prevent a reoccurrence.<br><br>Record review of Resident #53's progress note dated 11/26/22 at 3:50 pm by RN-U, revealed Resident #53 was walking in the dining room and pulled Resident #15's hair. Resident #74 hit Resident #53 on the right arm after she pull Resident #15's hair. No documentation that Resident #53 was placed on 15-minute checks.<br><br>During an interview on 02/17/23 at 9:45 am, the Interim Administrator stated she could not provide documentation of who was working on the women's secured unit at that time or documentation of 15-minute checks.<br><br>Resident #6<br><br>Record review of Resident #6's electronic face sheet accessed on 02/14/22 revealed an [AGE] year-old female whose most recent admitted was 12/20/21 to the female secured locked unit with diagnosis to include: Alzheimer's Disease, macular degeneration (deterioration of the retina of the eye that causes vision loss), and hypertension (high blood pressure).<br><br>Record review of Resident #6's Quarterly MDS, dated [DATE], revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. Other behavioral symptoms not directed toward others - behavior not exhibited. E0800 Rejection of care - behavior did not occur, E0900 Wandering - behavior occurred 1-3 days.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident's #6's Care Plan dated 11/02/22 revealed the following problems and approaches: At risk for elopement - (problem start date 01/12/23) Requires secure unit placement. Attempted to take out of the secure unit. She started to wander aimlessly throughout all halls and rooms placing her at risk for other residents becoming aggressive towards her. Goal: Resident will be safe throughout her surroundings for 90 days. Approaches: Secure unit placement evaluation quarterly and prn. Elopement assessment quarterly and prn, Problem: (start date 01/05/23) Resident has physically abusive behavioral symptoms. Resident was hit by another resident and in return hit the other resident several times in defense. Goal resident will not harm self or others secondary to physically abusive behavior. Approach: avoid over stimulation, noise, crowding, and other physically aggressive residents), Avoid power struggles with resident, divert resident's behavior by encouraging resident to move to another common area away from distraction and other potentially aggressive residents who might provoke an unwanted response from resident #6 such as aggression, maintain a calm environment and approach<br><br>6. Record review of a facility investigation report on 12/20/22 at 1:15 pm, Resident #53 reached out towards Resident #6 and Resident #6 reached out toward #53 swiping her in the face. A record review of the Provider Investigation Report revealed, Resident #53 unknowingly/unintentionally reached out (per her norm) toward Resident #6 brushing her face, in return Resident #6 swatted at Resident #53 in reaction and was instructed to not do that anymore. No injury noted. The facility failed to determine the root cause of the incidence, identify the incident as abuse, and determine corrective action to prevent a reoccurrence.<br><br>Record review of Resident #53's nursing progress note dated 12/20/22 at 3:07 pm, revealed Resident #53 was in the dining room reaching out towards Resident #6. Resident #6 slapped Resident #53 in the face on the right cheek. No injury. Residents were separated.<br><br>In an interview on 02/14/23 at 9:00 AM, the Interim DON stated she called Resident #53's responsible family member earlier this morning to discuss her behavior and the need to transfer her to another facility as they were not able to care for her. She stated Resident #53 was a harm to herself and harm to others. She said the Social Worker was going to (work on it).<br><br>In an observation on 02/14/23 at 11:00 am, Station 2/Hall 6 had 6 residents with known behaviors with CNA-E was observed on the hall and a rehab staff who left shortly after arrival.<br><br>In an interview on 12/14/23 at 11:00 am, CNA-E said she worked 6am to 6pm and worked 12 hours by herself on the women's secured unit, with 1 resident requiring 1:1 supervision. A staff member would come in every 2 hours to check on her. She said she did not feel safe working alone and was unable to prevent resident to resident altercations.<br><br>In an interview on 02/14/22 at 3:00 pm, the Corporate Regional Resource Nurse-J, said on January 10th, 2023, the facility moved 3 residents off of the Women's Secured Unit and moved 1 CNA to the general population. She stated I move staff to where they are needed, there were less residents on the women's locked secure unit after I moved the residents off the unit, therefore we needed less staff. I'm not cutting staff no matter what they tell you. They might tell you they are short staffed, but they are not. She had there was an aid that went to the unit whenever the CNA needed to give a resident a bath. When asked about how staff calls for help, she said staff can use their personal cell phone to call for help.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 02/15/23 at 9:15 am, CNA-E stated there was not enough staff to provide adequate supervision for the residents on the female locked unit. She stated it was not safe with one person in the unit. She stated that the acuity was high due to behaviors, but Administration says that it was not. She said that Administration had told her that she sits the residents too close together, but she had nowhere for the residents to be as the unit was small. She said that during meals she was often by herself on the unit. She sat Resident #53 next to her because Resident #53 constantly required assistance and redirection.<br><br>In an interview on 02/15/23 at 11:00 am, with the Interim DON and Corporate Regional Resource Nurse-J, the Interim DON stated she talked to the Social Worker and Administrator earlier that same morning and told them they were not equipped to deal with Resident #53's behaviors. She stated, We are not a behavior unit, can we deal with these behaviors, yes, but it requires 1:1, 2:1, and sometimes even 3:1. The Interim DON stated that 1 staff on the Women's Secured Unit was enough as the residents are a low acuity level and just custodial care, and the census was 6 residents. The Interim DON defined acuity level as medical needs only and stated she did not consider behaviors when determining a resident's acuity.<br><br>In an interview on 02/15/23 at 4:00 pm, the Social Worker stated she has been employed at the facility since April 2022 and came on after Resident #53 was admitted . She stated she had told the responsible family member the facility was not able to meet her needs due to her behaviors, but she had not found a facility that would accept her. She stated she had not documented her attempts to find alternate placement for Resident #53. She stated due to the facility's continual documentation of behaviors, the facilities she contacts reject her. She stated had tried the state school, MHMR, state hospital, and all refused. When asked for documentation of the referrals, she was not able to produce any documentation that referrals had been completed.<br><br>In an interview on 02/16/23 at 11:40 am, CNA-E stated: It's not safe for the other residents with only one CNA working on the women's locked unit alone and there's always only one CNA scheduled. There has been 2 CNAs for the last few days only because the state surveyors are in the building. CNA-E said, we tell the DON all the time that we don't feel safe, and we need at least 2 CNAs back there, but they don't listen to us, and we're told to work it out. We have had some training, but no training ever received on how to provide care for residents who are aggressive or residents that have behavior problems.<br><br>On 02/16/23 at 4:00 pm, CNA-AA stated there have been issues with Resident #53's behavior for a long time as she hit, scratched, bit, and kicked staff and residents.<br><br>Record review of the facility policy Resident-to-Resident Altercations, dated as revised December 2016, revealed the following [in part]:<br><br>Policy Statement: All altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the Nursing Supervisor, the Director of Nursing Services and to the Administrator.<br><br>Policy Interpretation and Implementation:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1. Facility staff will monitor residents for aggressive/inappropriate behaviors towards other residents, family members, visitors, or to staff. Occurrences of such incidents shall be promptly reported to the Nurse Supervisor, Director of Nursing Services, and to the Administrator.<br><br>2. If two residents are involved in an altercation, staff will:<br><br>A. Separate the residents, and institute measures to calm the situation;<br><br>B. Identify what happened, including what might have led to aggressive conduct on the part of one or more of the individuals involved in the altercation;<br><br>C. Notify each resident's representative and Attending Physician of the incident;<br><br>D. Review the events with the Nursing Supervisor and Director of Nursing, and possible measures to try to prevent additional incidents;<br><br>F. Make any necessary changes in the care plan approaches to any or all of the involved individuals;<br><br>G. Document in the resident's clinical record all interventions and their effectiveness;<br><br>J. If, after carefully evaluating the situation, it is determined that care cannot be readily given within the facility, transfer the resident.<br><br>Record review of the facility policy, Abuse Prevention Program, dated as revised June 2021, revealed the following [in part]:<br><br>Policy Statements:<br><br>2. Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.<br><br>4. Our Center will implement and permanently maintain an effective training program for all staff, which includes, at a minimum, training on abuse, neglect, exploitation, misappropriation of resident property that is appropriate and effective, as determined by staff need and the Center assessment.<br><br>9. All occurrences of abuse, neglect, mistreatment, injuries of unknown source and theft or misappropriation of resident property will be analyzed by the Quality Assurance and Performance Improvement (QAPI) Committee to determine if system changes need to be made.<br><br>Response: Treatment/Management<br><br>1. The Center management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect.<br><br>4. The p [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0637<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Assess the resident when there is a significant change in condition<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27938<br><br>41944<br><br>45411<br><br>Based on interview and record review the facility failed to ensure that each resident who experiences a significant change in status is comprehensively assessed using the CMS-specified Resident Assessment Instrument (RAI) process for 1 of 44 sampled residents (Residents #86) whose records were reviewed for significant change.<br><br>Resident #51 had no Significant Change Assessment completed after her admission to hospice.<br><br>This failure could contribute to providing an inaccurate assessment of resident's most current medical condition and could lead to failure to not provide necessary care.<br><br>Findings include:<br><br>Resident #51<br><br>Review of Resident #51' electronic Face Sheet revealed she was a [AGE] year-old female admitted to the facility 7/27/22. She had diagnoses which included chronic respiratory failure with hypoxia, chronic atrial fibrillation, Type 2 diabetes mellitus, hypertension, morbid obesity, depression, urinary tract infection, and gastro-esophageal reflux disease.<br><br>Review of Resident #51's Admission MDS assessment dated [DATE] revealed that she scored a 15 out of 15 on her mental status exam indicating she was cognitively intact, and she showed no signs of delirium. She had no reported behaviors. She required at least one person assistance with all ADLs except eating. She used a wheelchair for mobility. She was always incontinent of bowel. She had been on a scheduled pain medication regimen in the last 5 days, but she denied pain at the time of the assessment. It was documented that she had received oxygen therapy prior to admission and after admission to the facility.<br><br>Review of Resident #51's Quarterly MDS assessment dated [DATE] revealed she scored a 15 out of 15 on her mental status exam indicating she was cognitively intact and showed no signs of delirium. She had no reported behaviors. She required extensive assistance or was totally dependent on staff with all ADLs except eating. She used a wheelchair for mobility. She was frequently incontinent of bowel. She had been on a scheduled pain medication regimen and had received PRN pain medication. She reported pain at the time of the assessment and occasionally at a rating of 4/10. Her use of oxygen was not documented in the assessment.<br><br>Review of Resident #51's orders revealed:<br><br>Admit to X Hospice under the care of Dr. X (start date 1/11/23)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0637<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 2/22/23 at 1:02 PM MDS-LVN stated that Resident #51 was admitted to the hospital on 1/3/23 and came back to the facility on [DATE]. She stated that at first it was unclear whether she admitted back to the facility already on hospice or admitted back into the facility and then was admitted to hospice because of some of the paperwork from the hospital. Once it was clarified, it was determined that she was admitted back to the facility and then admitted to hospice. Resident #51 was hospitalized for 7 days, and MDS-LVN stated she opted to only do the MDS Entry Tracking and not do a full quarterly assessment because she was going into hospice. She stated she decided not to do the significant change assessment either because the hospice admission was within 24 hours of her retuning to the facility. MDS-LVN stated at the time that Resident #51 returned to the facility she had already signed the hospice paperwork but had not been formally admitted as hospice, but her (MDS-LVN) understanding that if the resident was admitted to hospice outside of the facility that the significant change did not count for the facility, and she was not required to do a significant change assessment. She stated that she was the only nurse in the facility doing MDS assessments at that time and she was responsible for all residents MDSs and most care plans. She stated that the workload was very heavy, and it was too easy to miss things on the assessments.<br><br>In an interview on 02/23/2023 at 10:54 AM MDS-LVN stated On all of the care plans we have just not been following the MDS Schedules, and we know that we are supposed to, I did not do significant changes when the residents went to the hospital, psychiatric facilities, or had other changes, I should have, I was just overwhelmed there was so many care plans and MDSs.<br><br>In an interview on 02/23/2023 at 10:54 AM MDS-RN, he acknowledged that significant changes should have been done for several residents and the MDS schedule had not been followed. He stated, I signed off on all of the Care Plans we just have so many that I was overwhelmed.<br><br>The facility did not provide a written policy regarding resident assessment. MDS-LVN stated she referred to MDS 3.0 RAI Manual provided by CMS for instructions on how and when to complete assessments.<br><br>Review of CMS'S RAI Version 3.0 Manual version 1.17.1 dated October 2019 revealed:<br><br>The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that<br><br>(1) the assessment accurately reflects the resident's status<br><br>(2) a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals<br><br>(3) the assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts.<br><br>Nursing homes are left to determine<br><br>(1) who should participate in the assessment process<br><br>(2) how the assessment process is completed<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0637<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | (3) how the assessment information is documented while remaining in compliance with the requirements of the Federal regulations and the instructions contained within this manual.<br><br>45437 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41653<br><br>41944<br><br>45411<br><br>Based on interview and record review the facility failed to complete an assessment that accurately reflected the resident's status for 3 of 44 sampled residents (Residents #1, Resident #40, Resident #79) whose records were reviewed for MDS accuracy, in that:<br><br>The facility failed to ensure Resident #1's MDS accurately reflected weight changes and falls.<br><br>Resident #40's MDS dated [DATE], 07/06/2022 and 10/05/2022 did not reflect the resident's weight accurately.<br><br>Resident #79's MDS did not accurately reflect his dependence on dialysis or his chronic pain.<br><br>These failures could place residents at risk for not receiving care and services to meet their needs.<br><br>Findings include:<br><br>Resident #1<br><br>Record review of Resident #1 face sheet dated 02/20/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnosis: Unspecified fracture of left shaft/femur (upper leg bone), Non ST elevation myocardial infraction (heart attach due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Record review of Resident #1's Quarterly Minimum Data Set (MDS) dated [DATE] revealed on Section K a weight of 199; whereas Resident #1's significant change Minimum Data Set (MDS) dated [DATE] revealed on Section K a weight of 126 and on K0300 Weight Loss was no reported for a weight loss of 5% or more in the last month and 10% more for the last 6 months.<br><br>Record review of Resident #1 Quarterly Minimum Data Set (MDS) dated [DATE] revealed in section J1700 that the resident had a fracture fall prior to admission. J1900 number of falls since admission or prior assessment was not coded in any area. J2100 was checked yes recent surgery requiring SNF care.<br><br>Record review of Resident #1 most recent significant change Minimum Data Set (MDS) dated [DATE] revealed she had the ability to express ideas and wants and was able to understand others clearly. Resident #1 had a Brief Interview for Mental Status (BIMS) of 14 out of score of 15 which indicated an intact cognition. Resident #1 was extensive assistance for activities of daily living (ADL) except for eating where she required supervision.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Resident #40<br><br>Record review of Resident #40's electronic face sheet accessed on 02/14/2022 revealed a [AGE] year-old female whose most recent admitted was 1/06/2023 to the female secured locked unit with diagnosis to include: fractured left hip, osteoporosis, history of falling, Alzheimer's Disease, and unspecified protein calorie malnutrition (a condition that occurs when you do not consume enough protein and calories).<br><br>Record review of Resident #40's Annual MDS dated , dated 01/11/2023, revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of MDS, revealed: Section G: Functional Status indicated one-person physical assistance for supervision for eating; Section K Swallowing/Nutritional Status indicated no signs and symptoms of possible swallowing disorder and weight of 144 lbs., no weight loss of 5% or more in the last month or loss of 10% or more in last 6 months.<br><br>Record review of Resident #40's weight records revealed the following:<br><br>-on 8/26/2022 the resident weighed 144 pounds<br><br>-on 01/02/2023, the resident weighed 111 pounds.<br><br>-on 02/03/2023, the resident weighed 110 pounds<br><br>Resident #79<br><br>Review of Resident #79's electronic Face Sheet dated revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis, pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus, major depressive disorder, dependence on renal dialysis, dependence on supplemental oxygen, chronic atrial fibrillation, Methicillin resistant Staphylococcus aureus, and Type 2 diabetes mellitus.<br><br>Review of Resident #79's Admission Assessment MDS dated [DATE] revealed: Section C Cognitive Patterns BIMS score of 15 indicated cognitively intake; Section O Special Treatment and Programs indicated oxygen therapy and dialysis prior to admission and since being admitted to the facility; and Section V Care Area Assessment for pain was not triggered on this assessment.<br><br>Review of Resident #79's Quarterly MDS assessment dated [DATE] revealed: Section C Cognitive Patterns BIMS Score of 11 indicating moderate cognitive impairment; Section O Special Treatment and Programs indicated oxygen therapy and IV medications in the facility, and Section V Care Area Assessment indicated no triggered areas. Resident #79's dialysis was not documented on the Quarterly MDS Assessment. Section V: No CAAs were marked as triggered or addressed in care plan on this assessment.<br><br>Review of Resident #79's physician orders revealed: Hemodialysis performed M-F in-house dialysis suite between 0900-0930. Once a Day on Monday, Tuesday, Wednesdays, Thursdays, Fridays.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 02/18/23 at 12:16 PM, MDS-LVN stated that Resident #1's weight loss on the last MDS was coded wrong and should have been a coded as a significant weight loss in Section K0300. She stated this failure could place the resident at risk for not having her needs met due to not accurately coding an assessment. When asked if Resident #1's recent hospital stay and return should have been a significant change assessment, she stated that, yes, it should have. She stated she did not realize that it had been done as a quarterly. MDS-LVN contacted her regional nurse who told her that all hospital stays where there is a decline should have a significant change MDS assessment done upon the resident's return to the facility. The MDS-LVN stated this failure could place the resident at risk for inadequate assessments due to not triggering Section V for a comprehensive assessment, which results in the care plan not being updated.<br><br>In an interview on 2/22/23 at 11:30 AM the MDS-LVN stated she was the only nurse in the facility doing MDS assessments. She stated Section K of Resident #40's Annual MDS dated [DATE] was not accurate. She stated a weight of 144 pounds should have been documented as a significant weight gain. She stated she was responsible for completing all resident's MDS, and most of the care plans. She stated that the error occurred because the workload was so heavy, and it was too easy to miss things on the assessments and care plans. She stated she was responsible for the accuracy of the MDS. She stated an inaccuracy on the residents MDS could lead to the resident not receiving necessary care and services.<br><br>In an interview on 2/22/23 at 1:02 PM MDS-LVN stated that Resident #79's dialysis was not checked on quarterly MDS by mistake, she had the dx code written down she just forgot to check the box. She stated that CAAs are triggered by how questions in the MDS are answered, the pain questions for Resident #79 should have triggered the pain CAA, she was not sure why it did not, especially with his diagnoses. She stated that she was able to manually trigger CAAs for residents when she was completing an assessment and if she had noticed that the CAA for pain had not triggered for Resident #79, she would have done it herself. She stated that she was the only nurse in the facility who did MDS assessments at that time and she was responsible for all residents' MDSs and most care plans. She stated that the workload was very heavy, and it was too easy to miss things on the assessments. She stated that the other CCM did some care plans, but he did not have any MDS experience, so they all fell to her to complete. She stated that the inaccuracies on Resident #79's assessment could result in his care plan not being up to date which could lead to him not receiving proper care.<br><br>In an interview on 2/24/23 at 4:47 PM, MDS-LVN stated she referred to MDS 3.0 RAI Manual provided by CMS for instructions on how and when to complete assessments. The facility did not provide a written policy regarding resident assessment.<br><br>Review of CMS'S RAI Version 3.0 Manual version 1.17.1 dated October 2019 revealed:<br><br>The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that<br><br>(1) the assessment accurately reflects the resident's status<br><br>(2) a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | (3) the assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts.<br><br>Nursing homes are left to determine<br><br>(1) who should participate in the assessment process<br><br>(2) how the assessment process is completed<br><br>(3) how the assessment information is documented while remaining in compliance with the requirements of the Federal regulations and the instructions contained within this manual. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on interview, and record review the facility failed to ensure a baseline care plan was developed and implemented within 48 hours of admission for 1 of 2 residents (Resident #645) reviewed for new admission baseline care plans, in that:<br><br>1. A baseline care plan was not developed for Resident #645 within 48 hours following her admission to the facility on [DATE].<br><br>2. Resident #645's representative was not notified regarding the development and implementation of the baseline care plan.<br><br>The facility's failure placed the resident at risk for not receiving necessary basic care and services to meet her needs following her admission to the facility.<br><br>The findings included:<br><br>Review of Resident #645's Face Sheet, dated 2/23/2023, revealed a [AGE] year-old female admitted to the facility on [DATE] (Saturday). The resident's diagnoses included:<br><br>- systemic lupus erythematosus (autoimmune disease where the body attacks itself)<br><br>- gastro-esophageal reflux disease without esophagitis (heartburn that burns the throat)<br><br>- rheumatoid arthritis, unspecified (autoimmune arthritis that affects the joints)<br><br>- chronic post-rheumatic arthropathy [Jaccoud] (problems with the joints due to rheumatic fever when younger)<br><br>- chronic viral hepatitis B without delta-agent (viral disease of the liver)<br><br>- essential (primary) hypertension (high blood pressure)<br><br>- heart failure, unspecified (failure of the heart to function properly)<br><br>- venous insufficiency (poor circulation of extremities)<br><br>- nicotine dependence<br><br>- pain, unspecified<br><br>- generalized anxiety disorder.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident #645's care plan history revealed a care plan dated 2/04/23 for an actual fall had been initiated by MDS-LVN. A comprehensive care plan was dated as initiated on 2/07/23. There was no documented evidence of a baseline care plan being developed and implemented.<br><br>Review of Resident #645's Admission MDS Assessment, dated 2/13/23, revealed the resident was assessed as not having any falls prior to admission or since being admitted to the facility.<br><br>Review of Resident #645's electronic health record progress notes revealed no documented evidence the resident had an incident of falling following admission to the facility on [DATE].<br><br>Review of the Care Conference Report, dated 2/06/23, revealed the staff who attended were the RN and LVN Clinical Case Managers, Social Worker, and Activity Director. There was no documented evidence that the resident or resident's representative were included or had participated in the conference. The Care Conference report documented IDT meeting about resident. Up for discussion were diet, health problems, medications, as well as diagnosis, the fact that she is on Hospice, current weight was 165 lbs.<br><br>In a telephone interview on 2/20/23 at 11:39 AM, Resident #645's representative stated she had not been invited to a care plan conference with the staff.<br><br>In an interview on 2/22/23 at 11:47 AM, MDS-LVN stated she and the MDS-RN completed the baseline care plans for the new admission residents. When asked about Resident<br><br>#645's baseline care plan being completed and only having a care plan dated 2/04/23 for an actual fall, MDS-LVN stated the resident did fall. When asked about the remainder of Resident #645's baseline care plan, and the comprehensive care plan dated 2/07/23 being completed prior to the Admission MDS Assessment on 2/13/23, MDS-LVN did not reply.<br><br>Review of the facility's policy and procedures Care Planning and Care Plan Workflow, not dated, revealed the following [in part]:<br><br>Baseline/Admission Care Plan<br><br>The Baseline care plan is added on all new admissions or re-admissions discharged greater than 30 days. The Baseline care plan is to be completed within 24 hours of admission. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>27938<br><br>41495<br><br>41871<br><br>41944<br><br>45216<br><br>Based on interviews and record reviews, the facility failed to develop a comprehensive person-centered care plan based on assessed needs with the ability to be evaluated or quantified to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 17 (Resident #6, Resident #19, Resident #27, Resident #28, Resident #33, Resident #40, Resident #43, Resident #49, Resident #50, Resident #51, Resident #53, Resident #54, Resident #65, Resident #71, Resident #79, Resident #86, and Resident #645) of 27 residents reviewed for comprehensive person-centered care plans.<br><br>The facility failed to ensure Resident #6, Resident #19, Resident #27, Resident #28, Resident #33, Resident #40, Resident #43, Resident #49, Resident #50, Resident #51, Resident #53, Resident #54, Resident #65, Resident #71, Resident #79, Resident #86, and Resident #645 comprehensive care plans addressed Care Areas assessed in their MDS.<br><br>These failures could affect the residents by placing them at risk for not receiving care and services to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being.<br><br>Findings included:<br><br>Resident #6<br><br>Record review of Resident #6's electronic face sheet reveled an [AGE] year-old female admitted [DATE] with diagnoses of urinary tract infection, difficulty with communication, vision changes, high blood pressure, difficulty walking, chronic pain and need for assistance with personal care.<br><br>Review of Resident #6's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severely impaired cognitive function.<br><br>Review of Resident #6's Annual MDS dated [DATE] revealed in Section V Care Area Assessment Summary revealed 2. Cognitive Loss/Dementia, 3. Visual Function, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12 Nutritional Status, and 16. Pressure Ulcer/Injury.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation on 02/18/2023 at 12:00 PM, Resident #6 was served lunch meal on a foam disposable tray. Resident #6 was observed pulling piece off a foam tray and put it in her mouth. Resident #6 had history of ingesting inedible objects and requires supervision during mealtimes.<br><br>Review of Resident #6's comprehensive care plan dated 02/13/23 revealed no evidence of interventions addressing urinary incontinence and ingesting inedible items.<br><br>Resident #19<br><br>Record review of Resident #19's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of encephalopathy, weakness, rapid heart rate, dependent on wheelchair, hearing loss, chronic pain, stroke, asthma, and abnormal posture.<br><br>Review of Resident #19's Admission MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 11 indicating mild cognitive loss. Further review of Admission MDS revealed in Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 4. Communication, 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, and 16. Pressure Ulcer/Injury.<br><br>Interview and observations on 02/18/23 at 11:34 AM, Resident #19 was seated in a small wheelchair with bare feet on the floor. Resident #19 was still in her night gown. She stated she dressed herself. Resident #19 had a hearing aid in her right ear and eyeglasses. Resident #19 did not have natural teeth. She stated she had dentures at home.<br><br>Review of Resident #19's comprehensive care plan reviewed on 02/22/23 revealed no evidence of interventions addressing urinary incontinence, indwelling catheter, dehydration or fluid maintenance, pressure ulcer or injury, eating without teeth, ambulation and transfers amount of assistance, dressing and grooming amount of assistance, eating amount of assistance, ROM amount of assistance, and toileting amount of assistance.<br><br>Resident #27<br><br>Record review of Resident #27's electronic face sheet reveled an [AGE] year-old male admitted [DATE] with diagnoses of dementia, weakness, need for assistance with personal care, decreased ability to walk, lack of coordination, and repeated falls.<br><br>Review of Resident #127's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe cognitive loss.<br><br>Review of Resident 27's Annual MDS dated [DATE] revealed in Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 16. Pressure Ulcer/Injury and 17. Psychotropic Medication Use.<br><br>Review of Resident #27's comprehensive care plan dated 02/13/23 revealed no evidence of interventions addressing urinary incontinence and indwelling catheter.<br><br>Resident #28<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #28's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of paralysis in arms and legs, stroke, major depression, epilepsy, and insulin dependent diabetes.<br><br>Review of Resident #28's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 15 indicating intact cognition.<br><br>Review of Resident #28's Annual MDS dated [DATE] revealed in Section V Care Area Assessment Summary 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 16. Pressure Ulcer/Injury, 17. Psychotropic Medication Use.<br><br>Review of Resident #28's comprehensive care plan reviewed on 02/17/23 revealed no evidence of interventions addressing psychotropic medication use.<br><br>Review of Resident #28's physician orders dated 06/25/2021 revealed Sertraline 100mg 2 tablets once a day.<br><br>Resident #33<br><br>Record review of Resident #33's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of dementia, weakness, chronic pain, and bipolar disorder.<br><br>Review of Resident #33's Annual MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe loss of cognitive function. Further review of Annual MDS Revealed Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 6. Pressure Ulcer/Injury, 17. Psychotropic Medication Use.<br><br>Review of Resident #33's comprehensive care plan reviewed on 02/08/23 revealed no evidence of interventions addressing urinary incontinence or indwelling catheter.<br><br>Observation on 02/18/23 at 10:07 AM, Resident #33 was sitting on side of the bed, a wet brief and gown were on floor. Resident #33 laid down and faced the wall. Resident #33 started yelling about a garage sale.<br><br>Observation and interview on 02/18/23 at 10:51 AM, the room was clean, however there was a strong urine odor. Resident #33 was sitting on the side of the bed eating pudding. The resident stated she was Feeling terribly. Hurting and feeling sick. Hurting in my room, my stomach. Resident #33 stated the nurses gave her medicine but I am bleeding a lot, I'm anemic. I passed a big baby through my rectum, and my vagina. Every time I pass a big baby I bleed.<br><br>Interview on 02/18/23 at 03:47 PM, Resident #33 stated she cannot go play bingo because she kept passing out. She stated she had lost so much blood having 15 babies and one time had 40 babies. Resident #33 then became tearful stating I can't walk, I can't go outside to play.<br><br>Interview on 02/18/23 at 03:56 PM, RN-Q stated odor in resident room was on ongoing issue due to her incontinence and removing her brief and throwing it. RN-Q explained Resident #33 was on hospice which provided bathing services, but resident refused often.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #40<br><br>Record review of Resident #40's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of dementia, difficulty speaking, anxiety, weakness, depression, and bipolar disorder.<br><br>Review of Resident #40's Annual MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicting severe cognitive loss. Further review of Annual MDS Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 3. Visual Function, 4. Communication, 6. Urinary Incontinence and Indwelling Catheter, 8. Mood State, 11. Falls, 12. Nutritional Status, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>Review of Resident #40's comprehensive care plan reviewed on 01/30/23 revealed no evidence of interventions addressing communication and mood state.<br><br>Resident #43<br><br>Record review of Resident #43's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of Alzheimer's, stroke, anxiety, need for assistance with personal care, mental illness, and reduced mobility.<br><br>Review of Resident #43's Significant Change in Status MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe cognitive loss. Further review of Significant Change in Status MDS Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 6. Urinary Incontinence and Indwelling Catheter, 12. Nutritional Status, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>Review of Resident #43's comprehensive care plan reviewed on 02/13/23 revealed no evidence of interventions addressing pressure ulcer or injury<br><br>Resident #49<br><br>Review of Resident #49's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of dementia, weakness, problems with vision, stroke, colon cancer, heart attack, and breathing problems.<br><br>Review of Resident #49's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 07 indicating moderate cognitive decline. Further review of Section H Bladder and Bowel revealed Resident #49 had a colostomy and required supervision for toilet use. Section V Care Area Assessment summary revealed 3. Visual Function, 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 8. Mood State, 11. Falls, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an observation and interview on 02/18/23 at 02:30 PM, Resident #49 said he had a colostomy because he had colon cancer in the past. Resident was observed to have an ostomy on his left lower quadrant of his abdomen. The colostomy bag had a scant amount of liquid stool inside, and the appearance of the stoma was of beefy red color. Resident #49 said he managed his colostomy all by himself. He said he emptied and cleaned the bag. He said he changed the bag and wafer himself. Resident #49 said the staff did nothing for his colostomy other than cutting the hole for his stoma because he had a hard time seeing and making the hole the right size.<br><br>Observation and interview on 02/20/23 at 10:30 AM, LVN-L was walking toward Resident #49's room with a colostomy bag LVN-L stated the nurses cut the hole for the stoma for Resident #49 because he had difficulty seeing the wafer, what size to cut, and had difficulty using scissors to cut the wafer. LVN-L said Resident #49 did all other aspects of care management of his colostomy independently.<br><br>Record Review of Resident #49 care plan last revised 02/08/23 revealed: Problem start date: 12/09/21. Resident has an ostomy related to malignant neoplasm of colon, unspecified. Goal: ostomy care will be managed appropriately (e.g., appropriate amount, type, color, odor of drainage; stoma the correct size, pink, free of breakdown, or infection; surrounding skin free of breakdown, rash, or infection. Stool will not leak.) Approach: . provide ostomy care as ordered. Monitor the drainage. Record the amount, type, color, odor. Observe for leakage. Monitor the stoma and surrounding skin daily. Observe the size, color of stoma; presence/absence of skin breakdown; presence/absence of infection; surrounding skin condition.<br><br>Review of Resident #49's comprehensive care plan reviewed on 02/08/23 revealed no evidence of interventions addressing visual function, urinary incontinence or indwelling catheter, self-care of colostomy, and psychotropic medications.<br><br>Review of Resident #49's physician's orders dated 12/09/21 revealed bupropion 150 mg tablets every 12 hours for depression.<br><br>Resident #50<br><br>Record review of Resident #50's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of amputation of left leg above the knee, obesity, heart failure, weakness, depression, slow heart rate, activity limitation due to disability, necrotizing fasciitis (flesh eating bacteria) of the right lower leg and foot and need for assistance with personal care.<br><br>Review of Resident #50's Annual MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 15 indicating intact cognition.<br><br>Review of Resident #50's Significant Change in Status MDS dated [DATE] Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 3. Visual Function, 6. Urinary Incontinence and Indwelling Catheter, 9. Behavioral Symptoms, 11. Falls, 12. Nutritional Status, and 16. Pressure Ulcer/Injury.<br><br>Review of Resident #50's comprehensive care plan reviewed on 02/22/23 revealed no evidence of interventions addressing cognitive loss/dementia, left leg amputation, obesity, and weakness.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Further review of Resident #50's comprehensive care plan reviewed on 02/22/23 revealed Problem entered on 01/25/23 of ADL Function/Rehab Potential with an approach intervention of Ambulation/Transfer amount of assist x1. Further review revealed Resident #50's weight was 258 lbs. with a body mass index (BMI) of 39. 22 (ideal BMI 25).<br><br>Resident #51<br><br>Record review of Resident #51's electronic face sheet revealed a [AGE] year-old female admitted [DATE] with diagnoses of brain damage caused by lack of oxygen to the brain, behavioral and emotional disorders, epilepsy, abscesses in the brain, major depression, anxiety, difficulty with movement, post-traumatic stress disorder, and history of falling.<br><br>Review of Resident 51's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 12 indicating moderately impaired cognition.<br><br>Review of Resident #51's Admission MDS dated [DATE] revealed Section V Care Area Assessment Summary 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>Review of Resident #51's Care Plan reviewed on 2/13/23 revealed no evidence of interventions addressing hospice services, oxygen use, and psychotropic medication use.<br><br>Review of Resident #51's orders revealed:<br><br>Admit to X Hospice under the care of Dr. X (start date 1/11/23)<br><br>Nasal cannula O2 @ 3 L/Min PRN every shift (start date 12/19/22)<br><br>Change oxygen tubing, cannula/mask once a week on Sunday shift 2 (start date 8/9/22)<br><br>Oxygen concentrator filter: clean concentrator filter weekly. Wash with mild soap and water, dry with towel and replace on Sunday 6PM-6AM (start date 7/30/22)<br><br>Further review of Resident #51's physician's orders dated 07/27/22 revealed melatonin 5 mg 2 tablets once a day and on 01/11/23 Paxil 30 mg tablet and 1/2 of 30 mg tablet once a day.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/22/23 at 1:02 PM, MDS-LVN stated she did not realize there were no care plans in place for hospice or oxygen dependence for Resident #51. She stated that she was the only nurse in the facility doing MDS assessments at the time and she was responsible for all residents' MDS assessments and most of the facility's care plans. She stated the workload was very heavy, and it was too easy to miss things on the assessments that should have been care planned on many residents. She stated the facility's other Clinical Case Manager did do some care plans, but the majority fell to her to complete. MDS-LVN explained Resident #51 was admitted to the hospital on 1/3/23 and came back to the facility on [DATE]. It was unclear whether she admitted back to the facility already on hospice or admitted back and then she was admitted to hospice because of some of the paperwork from the hospital. Once it was clarified, it was determined that she was admitted back to the facility and then admitted to hospice. She was in the hospital for 7 days, MDS-LVN stated she did not do a full quarterly assessment because Resident #51 was going to hospice. MDS-LVN stated she decided not to do a significant change MDS either because the hospice admission was within 24 hours of her retuning to the facility. MDS-LVN stated she thought at the time Resident #51 had returned on hospice and that if the resident was admitted to hospice outside of the facility the change did not count. MDS-LVN stated she did not realize there was not a hospice care plan in place.<br><br>Resident #53<br><br>Record review of Resident #53's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of brain damage due to lack of oxygen, urinary infection, post-traumatic stress disorder, brain abscess, and difficulty communicating.<br><br>Review of Resident #53's Discharge MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe cognitive loss.<br><br>Review of Resident #53's triggers on the Admission MDS dated [DATE] revealed in Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 4. Communication, 6. Urinary Incontinence and Indwelling Catheter, 7. Psychosocial Well-Being, 9. Behavioral Symptoms, 11. Falls, 12. Nutritional Status, 16. Pressure Ulcer/Injury, 17. Psychotropic Medication Use.<br><br>Review of Resident #53's comprehensive care plan reviewed on 02/16/23 revealed no evidence of interventions addressing urinary incontinence or indwelling catheter and psychotropic medications.<br><br>Review of Resident #53's physician orders dated 10/17/22 revealed haloperidol 2 mg one tablet every shift for anoxic (without oxygen) brain damage; on 02/01/23 Geodon 20 mg one capsule twice a day for behavioral and emotional disorders; on 02/14/23 Geodon 20 mg, 2 capsules twice a day for behavioral and emotional disorders and on 02/17/23 Seroquel 100 mg one-half tablet once a day for major depressive disorder.<br><br>Resident #54<br><br>Record review of Resident #54's electronic face sheet reveled a [AGE] year-old male admitted [DATE] with diagnoses of Alzheimer's, history of falling, weakness, anxiety, tremors, Parkinson's disease, brain damage, activity limitations due to disability, and need for assistance with personal care.<br><br>Review of Resident #54's 5-day Scheduled Assessment MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe cognitive loss.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #54's Annual MDS dated [DATE] revealed Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 4. Communication, 6. Urinary Incontinence and Indwelling Catheter, 9. Behavioral Symptoms, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>Review of Resident #54's comprehensive care plan reviewed on 01/25/23 revealed no evidence of interventions addressing cognitive loss/dementia, communication, urinary incontinence or indwelling catheter, behavioral symptoms, falls, nutritional status, dehydration or fluid maintenance, pressure ulcer or injury, or psychotropic medications.<br><br>Record review of Resident #54's physician orders revealed:<br><br>On 01/14/22 Depakote 750 mg extended-release tablets twice a day for schizoaffective disorder (combination of schizophrenia symptoms such as hallucinations or delusions and mood disorder symptoms such as depression or mania).<br><br>On 06/24/21 Lexapro 20 mg tablet at bedtime for depression.<br><br>Resident #65<br><br>Record review of Resident #65's electronic face sheet reveled an [AGE] year-old female admitted [DATE] with diagnoses of weakness, unsteady on feet, difficulty with coordination, irregular heartbeat, and activity limitations due to disability.<br><br>Review of Resident #65's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 15 indicating intact cognition.<br><br>Review of Resident 65's Annual MDS dated [DATE] revealed Section V Care Area Assessment Summary 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 14. Dehydration/Fluid Maintenance.<br><br>Review of Resident #65's comprehensive care plan reviewed on 12/07/22 revealed no evidence of interventions addressing ADLs functional status or rehabilitation potential, urinary incontinence or indwelling catheter, and dehydration or fluid maintenance.<br><br>Resident #71<br><br>Record review of Resident #71's electronic face sheet reveled a [AGE] year-old female admitted [DATE]with diagnoses of dementia, schizophrenia, history of falling, weakness, difficulty with eating and coordination.<br><br>Review of Resident #71's Quarterly MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severe cognitive loss.<br><br>Review of Resident #71's Annual MDS dated [DATE] revealed Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 4. Communication, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #71's comprehensive care plan reviewed on 02/13/23 revealed no evidence of interventions addressing cognitive loss or dementia, communication, urinary incontinence or indwelling catheter, or pressure ulcer or injury.<br><br>Resident #79<br><br>Record review of Resident #79's electronic face sheet reveled a [AGE] year-old male admitted [DATE] with diagnoses of heart failure, kidney disease requiring dialysis, wound on right heel, major depression, back pain, non-insulin dependent diabetes, dependent on supplemental oxygen, irregular heart rhythm, lupus, oxygen dependent, difficulty walking, and need assistance with personal care.<br><br>Review of Resident #79's Admission MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total of 15 indicating no cognitive impairment. Further review of Admission MDS revealed Section V Care Area Summary 5. ADL Function/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, 16. Pressure Ulcer, 17. Psychotropic Drug Use, and 20. Return to Community Referral.<br><br>Review of Resident #79's Care Plan reviewed 02/22/23 revealed no evidence of interventions addressing dependence on dialysis, chronic pain/pain management, oxygen dependence, IV access in right upper arm, right chest dialysis port, and left arm fistula.<br><br>Review of Resident #79's orders revealed:<br><br>Acetaminophen 325mg 2 tablets by mouth every 4 hours as needed for a diagnosis of chronic pain due to trauma (start date 11/15/22)<br><br>Gabapentin 100mg 1 capsule by mouth three times a day as needed for a diagnosis of chronic pain (start date 02/03/23)<br><br>Hydrocodone-acetaminophen 5-325mg 1 tablet by mouth every 4 hours as needed for a diagnosis of chronic pain (start date 11/18/22)<br><br>Hemodialysis performed Monday through Friday between 0900-0930 (chair time) at the in-house dialysis suite. Special instructions: have ready by 0900 (start date 01/30/23)<br><br>Hemodialysis: adjust routine medication administration times to accommodate dialysis schedule (start date 01/30/23)<br><br>Hemodialysis Site: no blood pressure or venipuncture to the left arm (start date 01/30/23)<br><br>Hemodialysis: AV Fistula/AV Graft to left arm, auscultate bruits and palpate thrill every shift (start date 01/30/23)<br><br>Nasal Canula (continuous) O2 @ 2.5 L/Min every shift (start date 01/18/23)<br><br>Remove AV pressure dressing 3-4 hours post dialysis treatment. Special instructions (customize frequency time and days per resident's schedule) (start date 01/30/23)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation and interview on 02/18/23 at 03:30 PM Resident #79 revealed the resident had an IV (intravenous access) in his right upper arm for antibiotics, and a right chest dialysis port. Resident #79 stated the left arm fistula (an abnormal connection between two body structure), was not approved for use. Resident #79 stated it was placed about 7 weeks ago and it would not work the first time the dialysis staff tried to access. Resident #79 was noted to be wearing a nasal cannula with oxygen at 2.5 LPM.<br><br>In an interview on 02/22/23 at 1:02 PM, MDS-LVN stated she was responsible for initiating care plans for what triggered on the CAAs but that was not how it was working recently. She stated the nursing staff put in acute care plans, normally the ADON or DON, but the facility hadn't had those positions filled lately. Regarding Resident #79's care plan, she stated she did not think she did his care plan, but she believed that the risk for dehydration care plan due to dialysis would cover it concerning dialysis. She stated the CAAs were triggered by how questions in the MDS were answered and the pain questions for Resident #79 should have triggered the pain CAA. MDS-LVN stated she was not sure why the pain CAA didn't trigger, especially with Resident #79's diagnoses of chronic pain, lupus and pressure ulcers so he should have a pain care plan, and she was very confused about why he did not. She was not aware there was not a care plan in place for Resident #79's oxygen dependence.<br><br>Resident #86<br><br>Record review of Resident #86's electronic face sheet revealed a [AGE] year-old male admitted on [DATE]with diagnoses of heart attack, HIV, encephalopathy, fainting, wound on right heel, disease of the heart muscle, and weakness.<br><br>Review of Resident #86's Admission MDS dated [DATE] revealed in Section C0500 BIMS Summary Score a total score of 00 indicating severely impaired cognition. Further review of Resident #86's Admission MDS Section V Care Area Assessment Summary 2. Cognitive Loss/Dementia, 4. Communication, 6. Urinary Incontinence and Indwelling Catheter, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>Review of Resident #86's comprehensive care plan reviewed on 02/07/23 revealed no evidence of interventions addressing communication.<br><br>Resident #645<br><br>Record review of Resident #645's electronic face sheet reveled a [AGE] year-old female admitted [DATE] with diagnoses of Hepatitis B, Lupus, heart failure, Rheumatoid arthritis, anxiety, and pain.<br><br>Review of Resident 645's Admission MDS dated [DATE] revealed in Section C0500 BIMS Summary Score was blank indicating inability to determine mental status. Further review of Resident 645's Admission MDS Section V Care Area Assessment 2. Cognitive Loss/Dementia, 5. ADLs Functional Status/Rehabilitation Potential, 6. Urinary Incontinence and Indwelling Catheter, 7. Psychosocial Well-Being, 10. Activities, 11. Falls, 12. Nutritional Status, 14. Dehydration/Fluid Maintenance, 16. Pressure Ulcer/Injury, and 17. Psychotropic Medication Use.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #645's comprehensive care plan reviewed on 02/22/23 revealed no evidence of interventions addressing psychosocial well-being, psychotropic medication use, placement of a mattress on the floor, ambulation/transfer amount of assistance, bathing/hygiene amount of assistance, dressing/grooming amount of assistance, eating amount of assistance, ROM amount of assistance, or toileting amount of assistance.<br><br>Review of Resident #645's physician orders dated 02/16/23 revealed: Seroquel 100 mg tablet, one and a half tablet two times a day.<br><br>During an interview on 02/18/23 at 12:16 PM MDS-LVN stated she was the Clinical Case Manager. She said that the care plans were behind in the schedule, and she had not been able to do it on time. She said both CCMs were responsible for making sure they were complete. MDS-LVN stated the failure could place the resident at risk for unmet needs. The MDS coordinator said she was out for 6 months, and the facility did not have anyone to cover for her.<br><br>Observation on 02/18/23 at 12:24 PM, Resident #645 room door was open. Resident #645 was sitting on side of bed and slumped over toward the right with her face on the mattress. A mattress was on the floor beside the bed. Resident #645 was wearing a hospital gown, and a disposable brief. She had her bare feet on the floor. Resident #645's lower legs and feet were dark colored/purple with the left leg more discolored than right leg. No drinking water was noted in the room. Resident #645 responded to knocking on the door and her name being called. She was able to sit up on side of the bed.<br><br>During an interview on 02/22/23 at 02:15 PM Corporate Clinical Company Leader RN-I stated the MDS coordinator and ADON were responsible for creating and revising the care plans.<br><br>During an interview on 02/23/23 at 10:05 AM, CNA-G stated resident needs were communicated by the nurse. She stated she had never looked at a resident's care plan. The CNA-G stated she did not know she could. When presented with recent example of a change in resident care such as returning from the hospital with a neck brace and catheter and an order to wrap wheelchair brakes, CNA-G stated resident does not get in her wheelchair anymore, catheter is emptied at least once a shift. She stated the nurse was responsible for making sure all tasks are done. She stated she had been a CNA for [AGE] years, and received periodic skills check offs and frequent in-services on resident care from the facility.<br><br>During an interview on 02/23/23 at 12:35 PM LVN-O stated care plans were communicated in report from the charge nurse. He stated new information was provided to the CNA's verbally by the nurse assigned. M.V., LVN stated he educated the CNAs on new problems and how to care for resident with a new problem or problems. He stated the charge nurse was responsible for ensuring care was done as per care plan.<br><br>During an interview on 02/23/23 at 12:55 PM the DON stated she had not had time to review care plans but was developing a system so that care plans were reviewed routinely.<br><br>During an interview on 02/23/23 at 01:57 PM, the interim Administrator stated she and the new DON had started clinical meetings in the mornings after the stand-up meeting. She explained the DON and herself reviewed resident's status to determine if a care plan needed to be updated. The interim Administrator stated it was the DON's responsibility to review care plans for accuracy. The interim Administrator stated corporate nurse also reviewed care plans.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Facility policy titled Care Plans, Comprehensive Person-Centered revised December 2020 revealed in part, Item 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Item 7. The care planning process will: (b.) include an assessment of the resident's strengths and needs . Item 8(b) Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . Item 8(g) Incorporate identified problem areas; Aid in preventing or reducing decline in the resident's functional status and/or functional levels . Item 9. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan. Item 11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Item 11(a) When possible, interventions address the underlying source(s) of the problem area(s), not just addressing only symptoms or triggers. Item 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Item 14. The I [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>27938<br><br>41871<br><br>41944<br><br>45437<br><br>Based on interview and record review the facility failed to develop a comprehensive care plan within 7 days after completion of the comprehensive assessment and failed to ensure the interdisciplinary team reviewed and revised the comprehensive care plan after each assessment including both the comprehensive assessment and quarterly review assessments for 4 (Resident #1, #39, #40and #43) of 6 residents were reviewed for comprehensive care plans.<br><br>1. The facility failed to develop a comprehensive care plan within seven days for Resident #1, #39, #40 and #43.<br><br>2. The interdisciplinary team failed to review and revise the plan of care for Resident #1, #39, #40, #43 and #50.<br><br>These failures could affect all 88 residents by placing them at risk for not having their individual needs met.<br><br>Findings included:<br><br>Record review of Resident #1's face sheet dated 02/20/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnosis: unspecified fracture of left shaft/femur, non ST elevation myocardial infraction (heart attack due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Review of Resident #1's revealed an MDS Significant Change assessment, dated 01/30/2023 section G reflects the following ADL care areas: bed mobility- extensive assistance, transfer- extensive assistance, walk in room- activity occurred only one or twice, walk in corridor- activity occurred only once or twice, dressing- extensive assistance, eating- Supervision, toilet use- extensive assistance, personal hygiene- extensive assistance, bathing- activity did not occur.<br><br>Review of Resident #1's most recent Care Plan , dated 12/07/2023, revealed category: ADL function/rehabilitation potential- ambulation/transfers amount of assist x1, bath hygiene amount of assist x1, Dressing/grooming assist x1. Further review revealed the interdisciplinary team had not reviewed and revised the care plan following the assessment of 12/07/2022.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #1's Care Conference Schedule revealed a Quarterly Care Conference was conducted on 12/07/2022.<br><br>Record review of Resident #39's face sheet dated 02/20/2023 revealed a [AGE] year-old male admitted on [DATE] with the following diagnosis: chronic pain due to trauma, quadriplegia (paralysis of all 4 limbs), hypertension (high blood pressure), bipolar disorder; current episode severe, mixed with psychotic features (mood disorder), anxiety disorder and neuromuscular of the bladder (person lacks bladder control due to brain, spinal cord or nerve problems).<br><br>Review of Resident #39's revealed an MDS Annual assessment, dated 08/31/2022 section G reflects the following ADL care areas: bed mobility- total dependance, transfer- total dependance, walk in room- activity did not occur, walk in corridor- activity did not occur, dressing- total dependance, eating- Supervision, toilet use- extensive assistance, personal hygiene- extensive assistance, bathing- total dependence.<br><br>Review of Resident #39's Care Plan, dated 01/04/2023 , revealed category: ADL function/rehabilitation potential- Does not have the ADL function or assistance needed care planned. An Annual Care Conference was not documented after the Annual MDS assessment, dated 08/31/2022 was completed.<br><br>Review of Resident #39's Care Conference Schedule revealed a Quarterly Care Conference was conducted on 10/05/2022 and 01/04/2022. An Annual Care Conference was not documented.<br><br>Record review of Resident #40's face sheet dated 02/14/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnosis: fractured left hip, osteoporosis (disease of bone that makes them brittle), history of falling, Alzheimer's Disease, and Major Depressive disorder (persistent depressed mood).<br><br>Review of Resident #40's revealed an MDS Annual assessment, dated 01/11/2023 section G reflects the following ADL care areas: bed mobility- extensive assistance with 2+ person assist, transfer- extensive assistance with 2+ person assist, walk in room- activity did not occur, walk in corridor- activity did not occur, dressing- extensive assistance with 2+ person assist, eating- Supervision with 1 person assist, toilet use- extensive assistance with 2+ person assist , personal hygiene- extensive assistance with 1 person assist, bathing- personal help in part of bathing with 1 person assist .<br><br>Review of Resident #40's Care Plan dated 02/21/2023 revealed category: ADL function/rehabilitation potential- Provide assistance x1 with bathing/showering, requires x1 assist with bathing, requires x1 assist with eating, requires x1 assist with peri-care, requires x1 assist with toileting.<br><br>Review of Resident #40's Care Conference Schedule revealed a Quarterly Care Conference was conducted on 12/07/2022. An Annual Care Conference was not documented.<br><br>Record review of Resident #43's face sheet dated 02/14/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnosis: fractured left hip, osteoporosis (disease of bone that makes them brittle), history of falling, Alzheimer's Disease, and major depressive disorder.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #43's revealed an MDS Annual assessment, dated 12/02/2022 section G reflects the following ADL care areas: bed mobility- supervision with 1 person assist, transfer- extensive assistance with 2+ person assist, walk in room- supervision with set-up, walk in corridor- supervision with set-up, dressing- extensive assistance with 2+ person assist, eating- Supervision with 1 person assist, toilet use- extensive assistance with 2+ person assist , personal hygiene- extensive assistance with 2+ person assist, bathing- personal help in part of bathing with 2+ person assist . Section O reflects the resident was receiving hospice care.<br><br>Review of Resident #43's Care Plan, dated 02/21/2023, revealed category: ADL function/rehabilitation potential- Does not have the ADL function or assistance needed care planned. Hospice has not been care planned.<br><br>Review of Resident #43's Care Conference Schedule revealed a Quarterly Care Conference was conducted on 12/23/2022. A Significant Change Care Conference was not documented.<br><br>In an interview on 02/18/23 at 12:16 a.m. MDS Coordinator DI revealed that the Care plans were behind in the schedule and has not been able to do it in time. She stated she had been out of 6 months due to illness, and they did not have anyone filling in for her. She said that her and RN CCM DH are responsible for making sure they are complete. She said the failure could place the resident at risk for unmet needs. The MDS coordinator said that she was out for 6 months and that they did not have anyone to cover for her. She stated that the Social Worker was planning the care plan conferences and they were not getting done timely. She stated that she was unaware that the Comprehensive Assessment care plans needed to be updated after the MDS was completed. She stated she followed the quarterly care conference and she thought that was how she did it.<br><br>An interview with the MDS Coordinator on 02/22/2023 at 11:00 a.m. revealed she did not revise the care plans or did not conduct the care conferences for (Resident #1, #39, #40 and #43) within the time frame after assessments. She stated the facility was behind on comprehensive care plans and care plan meetings.<br><br>Review of Policy and Procedure for Assessment/Care Plan dated February 2021 revealed:<br><br>3. The resident/representative's right to participate in the development and implementation of his or her care plan of care includes the right to:<br><br>a. participates in the planning process.<br><br>b. identify individuals to be included in the planning process<br><br>c. request meetings<br><br>d. request revisions.<br><br>e. participate in establishing goals.<br><br>f. participate in the type, amount, frequency, and duration of the care.<br><br>g. receiver services/items to be included in the care plan<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | h. be informed in advance of changes.<br><br>i. refuse, request changes to and/or discontinue care of treatment offered or proposed.<br><br>j. be informed in advance of the risk and benefits of the care of treatment proposed.<br><br>k. have access to and review care plans.<br><br>l. review and sign the care plan after any significant changes are made.<br><br>4. The care planning process:<br><br>a. facilities the inclusion of the resident's and/or representative.<br><br>b. includes an assessment of the resident's strengths and his/her needs.<br><br>c. incorporates the resident's personal and cultural preferences in establishing goals of care.<br><br>7. A comprehensive care plan is developed within seven days (7) days of completing the resident assessment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44728<br><br>Based on the observations, interviews and record review, the facility failed to ensure that a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 of 4 residents (Resident # 1, Resident #79) reviewed for pressure ulcers.<br><br>The facility failed to prevent Resident #1 from developing 5 new pressure ulcers (Stage IV to right ischium, Stage IV to left Ischium, Stage IV to Left Heel, Stage IV to right heel, and Not Stage to sacrum) while she resided in the facility.<br><br>The facility failed to promote healing and prevent Resident #79's Stage IV pressure ulcer to his sacrum from developing osteomyelitis (an infection in the bone caused by bacteria)<br><br>The facility failed to promote healing and prevent Resident #79's right heel pressure ulcer from deteriorating from Stage III to Stage IV.<br><br>An Immediate Jeopardy (IJ) was identified on 2/22/2023 at 4:58 PM. While the IJ was removed on 2/24/2023 at 6:48 PM, the facility remained out of compliance at actual harm that was not immediate jeopardy with a scope of pattern due to the facility's need to monitor the implementation and effectiveness of its plan of removal.<br><br>These failures placed residents at risk of pain, worsening of wounds, wound infection, emotional distress, harm or even death.<br><br>The findings were:<br><br>Review of The National Pressure Injury Advisory Panel (NPIAP) accessed on 03/14/2023 https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf revealed:<br><br>Stage 3 Pressure Injury: Full-thickness skin loss. Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.<br><br>Stage 4 Pressure Injury: Full-thickness skin and tissue loss. Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar<br><br>obscures the extent of tissue loss this is an Unstageable Pressure Injury.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss. Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.<br><br>Resident #1<br><br>Review of Resident #1's electronic face sheet revealed she was a [AGE] year-old female admitted to the facility on [DATE] with a most recent admitted [DATE] with the following diagnosis: Unspecified fracture of left shaft of the femur (long, straight portion of the upper leg bone), Non ST elevation myocardial infraction (heart attack due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Review of Resident #1's Admission MDS, dated [DATE], revealed:<br><br>Section C: Cognitive Patterns BIMS Score of 9 indicating moderate cognitive impairment; Section G: Functional Status limited/one-person assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions of no pressure ulcers.<br><br>Review of Resident #1's Significant Change MDS dated [DATE], revealed:<br><br>Section C: Cognitive Patterns BIMS Score of 14 indicating cognitively intact; Section G: Functional Status: extensive/two + persons assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated two Stage III pressure ulcers, one Stage IV pressure ulcer, and two Unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.<br><br>Site 1: Right buttock/ischium<br><br>Review of Resident #1's Wound Management Detail Report dated 07/28/2022 at 4:08pm by LVN-AD revealed:<br><br>Pressure Ulcer to Right Buttock, not present on admission. Unstageable measured 2.8cm in length by 2.8cm in width with unmeasurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/2023 at 5:44pm by LVN-Q revealed:<br><br>Stage IV measured 4cm in length by 6cm in width with 2.5 measurable depth.<br><br>Review of Resident #1's wound care physician progress notes revealed the following:<br><br>7/28/22 Initial exam of Right Ischium: Unstageable Pressure Ulcer 2.8cm x 2.8cm x unmeasurable depth; surgical debridement performed<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 11/24/22 Change of staging Right Ischium: Stage IV 4.6cm x 6.0cm x 2.0cm; surgical debridement performed<br><br>2/16/23 Last available progress note Right Ischium: 4cm x 6cm x 2.5cm; surgical debridement performed<br><br>Site 2: Left buttock/ischium<br><br>Review of Resident #1's Wound Management Detail Report dated 08/04/22 at 3:24pm by LVN-AD revealed:<br><br>Unstageable Pressure Ulcer to Left Buttock, not present on admission. Measured 4.5cm in length by 4cm in width with no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/2023 at 5:50pm by LVN-Q revealed:<br><br>Stage III measured 1.7cm in length by 4.2cm in width with 0.5cm measurable depth.<br><br>Review of Resident #1's wound care physician progress notes revealed the following:<br><br>8/04/22 Initial exam of Left Ischium: Stage II Pressure Ulcer 4.5cm x 4.0cm x unmeasurable depth; no debridement done<br><br>8/11/22 Change of Staging of Left Ischium: Unstageable Pressure Ulcer: 3.2cm x 1.5cm x 0.2cm; surgical debridement performed<br><br>11/10/22 Change of Staging of Left Ischium: Stage III 4.5cm x 2.5cm x 1cm; surgical debridement performed<br><br>2/16/23 Change of Staging of Left Ischium: Stage IV 1.7cm x 4.2cm x 0.5cm; surgical debridement performed<br><br>Site 3: Left heel<br><br>Review of Resident #1's Wound Management Detail Report dated 11/17/2022 at 9:17am by LVN-AE revealed: Unstageable - Deep Tissue Pressure Ulcer left heel not present on admission measured 5.5cm in length by 5cm in width with no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/23 at 5:54pm by LVN-Q revealed: Stage IV measured 3cm in length by 4cm in width with no measurable depth.<br><br>Review of Resident #1's wound care physician progress notes revealed the following:<br><br>11/17/22 Initial exam of Left Heel: Unstageable DTI Pressure Injury 5.5cm x 5.0cm x unmeasurable depth; no debridement done<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 12/8/22 Change in Staging of Left Heel: Unstageable Pressure Ulcer 5.5cm x 5.0cm x unmeasurable depth; no debridement done<br><br>2/16/23 last available progress note for Left Heel: Unstageable Pressure Ulcer 3cm x 4cm x unmeasurable depth; no debridement done<br><br>Site 4: Right heel<br><br>Review of Resident #1's Wound Management Detail Report dated 11/17/2022 at 9:15am by LVN-AE revealed: Pressure Ulcer Right Heel not present on admission measured 5cm in length by 7cm in width and no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/23 at 5:52pm by LVN-Q revealed: Stage IV measured 2.7cm in length by 3.8cm in width and no measurable depth.<br><br>Review of Resident #1's wound care physician progress notes revealed the following:<br><br>11/17/22 Initial exam of Right Heel: Unstageable DTI Pressure Injury 5cm x 7cm x unmeasurable depth; no debridement done<br><br>12/8/22 Change in Staging of Right Heel: Unstageable Pressure Ulcer 5cm x 7cm x unmeasurable depth; no debridement done<br><br>12/29/22 Change in Staging of Right Heel: Stage IV Pressure Ulcer 5.5cm x 5cm x unmeasurable depth; surgical debridement performed<br><br>2/16/23 last available progress note for Right Heel: Stage IV 2.7cm x 3.8cm x unmeasurable depth; no debridement done<br><br>Site 5: Sacrum<br><br>Review of Resident #1's Wound Management Detail Report dated 11/09/22 at 12:50 PM by LVN-AE revealed: Pressure Ulcer Sacrum not present on admission measured 10cm in length by 8cm in width and no measurable depth<br><br>Review of Resident #1's Wound Management Detail Report dated 2/09/23 at 2:36 PM by LVN-AE revealed: Pressure Ulcer Sacrum not present on admission measured 1.5cm in length by 1cm in width and no measurable depth<br><br>Review of Resident #1's electronic orders revealed:<br><br>Ascorbic acid (vitamin c) tablet; 500mg 1 tab oral once a day (start date 10/08/22)<br><br>Wound Treatment Order: Location: Pressure Wound of the Left Ischium Partial Thickness. Clean with Normal Saline/Wound Cleanser. Apply: collagen then Calcium Alginate with silver. Cover with Primary Dressing: bordered foam dsg. Once a day (start date 10/20/22)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Wound Treatment Order: Location: Unstageable of the Right Ischium Full Thickness. Clean with Normal Saline/Wound Cleanser. Apply collagen Calcium Alginate with silver. Cover with bordered foam dsg. Once a Day. (start date 10/20/22)<br><br>Wound Treatment Order: Location: Pressure Wound of the Left Ischium Partial Thickness. Clean with Normal Saline/Wound Cleanser. Apply: collagen then Calcium Alginate with silver. Cover with Primary Dressing: bordered foam dsg. Twice a Day-PRN (start date 11/29/22)<br><br>Wound Treatment Order: Location: Unstageable of the Right Ischium Full Thickness. Clean with Normal Saline/Wound Cleanser. Apply collagen Calcium Alginate with silver. Cover with bordered foam dsg. Twice A Day - PRN (start date 11/29/22)<br><br>Cleanse sacrum with normal saline or wound cleanser apply thin layer of triad, yellow tube, to wound two times a day. Every Shift (start date 12/29/22)<br><br>Cleanse left heel with normal saline or wound cleanser apply calcium alginate to wound bed surrounding necrotic tissue and secure with bordered dsg as needed. Every Shift (start date 2/10/23)<br><br>Cleanse left heel with normal saline or wound cleanser apply calcium alginate to wound bed surrounding necrotic tissue and secure with bordered dsg daily. Once A Day. Morning 06:00 AM - 06:00 PM (start date 2/10/23)<br><br>Cleanse right heel with normal saline or wound cleanser apply calcium alginate to wound bed and secure with bordered dsg as needed. Every Shift - PRN (start date 2/10/23)<br><br>Cleanse right heel with normal saline or wound cleanser apply calcium alginate to wound bed and secure with bordered dsg daily. Once A Day. Morning 06:00 AM - 06:00 PM (start date 2/10/23)<br><br>Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed:<br><br>Problem: Resident has a pressure ulcer to left buttock related to immobility and desensitized skin. Goal: Resident's ulcer will heal without complication. Approach: Conduct a systematic skin inspection daily by nurse with daily dsg change.; Problem: Resident has a pressure ulcer to left heel related to immobility. Goal: Resident's ulcer will not increase in size. Approach: Conduct a systematic skin inspection during daily treatment . Use heel protectors as tolerated or cushion under legs as tolerated to relieve pressure on the heels.; Problem: Resident has a pressure ulcer to right buttock related to immobility and desensitized skin. Goal: Resident's ulcer will heal without complication. Approach: Conduct a systematic skin inspection daily by nurse with daily dsg change.; Problem: pressure Ulcer Sacrum Stage III. Goal: Area will show improvement in the next 14 days. Approach: Turn every 2 hours and prn.<br><br>In an interview on 02/19/2023 at 2:38 PM, Corporate Clinical Company Leader RN-I stated the facility would accept responsibility for Resident #1's pressure ulcers and that they were facility acquired. She stated that she could not find any documentation that they were not acquired in the facility. Corporate Clinical Company Leader RN-I stated that the failure of the facility to prevent Resident #1 from developing new pressure ulcers could result in an infection and that the failure was due to ongoing staffing issues.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 02/22/23 at 09:57 AM, LVN-AE the former wound care nurse for the facility, stated that on weekends RN-V would not do wound care for the residents on Station 1. LVN-AE stated that Resident #1's wound got worse because RN-V would have the wrong dressings on the resident. LVN-AE stated that Resident #1's sacrum was to be left open to air per physician orders, but she would come back on Monday and there would be a dressing (silicone border dressing) covering the wound and when she would remove the dressing, it would take the new healing skin off. She stated Resident #1 did not show pain, just that her wounds would be worse.<br><br>In an interview on 2/23/23 at 11:35 AM, the Wound Care Physician stated that his expectation was that his orders would be followed and the wound care for the residents would be done. He stated that all of Resident #1's wounds were facility acquired.<br><br>Review of Resident #1's electronic record from 05/20/2022 to 02/23/2023 revealed no evidence of physician's progress note demonstratiting the resident's pressure ulcers were clinically unavoidable.<br><br>Resident #79<br><br>Review of Resident #79's electronic Face Sheet revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis (an infection in the bone caused by bacteria), pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus (inflammatory disease caused when the immune system attacks its own tissues causing fatigue and pain), major depressive disorder, dependence on renal dialysis (procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly), dependence on supplemental oxygen, chronic atrial fibrillation (irregular heart beat), Methicillin resistant Staphylococcus aureus (certain type of bacteria resistant to treatment by many common antibiotics), and Type 2 diabetes mellitus.<br><br>Review of Resident #79's Admission MDS dated [DATE] revealed:<br><br>Section C: Cognitive Patterns BIMS Score of 15 indicating no cognitive decline; Section G Functional Status indicated extensive/2+ person physical assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated one Stage III pressure ulcer present upon admission and one Unstageable pressure ulcer due to coverage of wound bed by slough and/or eschar present upon admission.<br><br>Review of Resident #79's Quarterly MDS dated [DATE] revealed:<br><br>Section C: Cognitive Patterns BIMS Score of 11 indicating moderate cognitive decline; Section G Functional Status indicated extensive/2+ person physical assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated two Stage IV pressure ulcers present upon admission, and one Unstageable pressure ulcer that was not present upon admission.<br><br>Site 1: Sacrum<br><br>Review of Resident #79's Wound Management Wound History dated 11/15/2022 at 8:08 am revealed: Pressure Ulcer to Sacrum present on admission.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed: Stage 4 Pressure Wound Sacrum Full Thickness measured 1.7cm in length by 0.7cm in width with 1.2c in depth.<br><br>Review of Resident #79's Wound Care Physician Progress Note dated 01/12/2023 revealed: The histology report from the biopsy of the sacrum taken on 01/05/2023 indicates acute osteomyelitis.<br><br>Site 2: Right Heel<br><br>Review of Resident #79's Wound Management Detail Report dated 11/15/2022 at 8:11am by LVN-AE revealed: Stage III pressure ulcer to right heel measured 0.3cm in length by 0.3cm in width with 0.1cm in depth.<br><br>Review of Resident #79's Wound Management Wound History dated 11/25/2022 at 7:33am revealed: Pressure Ulcer to right heel present on admission and healed.<br><br>Review of Resident #79's Wound Management Wound History dated 12/29/2022 at 2:31am revealed: Pressure Ulcer to right heel present on admission.<br><br>Review of Resident #79's Wound Management Detail Report dated 02/23/2023 at 7:11pm by Corporate Clinical Company Leader RN-I revealed: Stage IV Pressure Ulcer to right heal measured 0.5cm in length by 0.6cm in width with unmeasurable depth. The wound had necrotic tissue type.<br><br>Review of Resident #79's skin assessment records revealed no evidence of systematic skin inspection during treatment between 11/25/2022 and 12/29/2022.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed: Unstageable due to necrosis (death of cells in body tissues) of the Right Heel Full Thickness measured 1cm in length by 1. 1cm in width with no measurable depth.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/29/2022 revealed deterioration to a Stage IV Pressure Wound of the Right Heel.<br><br>Review of Resident #79's electronic orders revealed:<br><br>Multivitamin plus Minerals 1 tablet by mouth daily (start date 11/15/22)<br><br>Left heel cleanse with ns or wound cleanser and apply sure-prep two times daily for preventative (start date 11/25/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing every day until resolved (start date 11/25/22)<br><br>Cleanse right heel with normal saline or wound cleanser, apply sure-prep to heel two times daily for preventative (start date 11/25/22)<br><br>Ascorbic acid (vitamin c) 500mg 1 tablet by mouth daily (start date 11/29/22)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Pro-Stat AWC (amino acids-protein hydrolys) 17-100 gram-kcal/30ml give 30ml by mouth twice a day (start date 11/29/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing as needed until resolved (twice a day - PRN, morning, bedtime) (start date 11/29/22)<br><br>Cleanse right heel with normal saline or wound cleanser apply anasept to wound and secure with a bordered dressing daily (start date 12/29/22)<br><br>Use cushioned boots while in bed as tolerated (start date 1/3/23)<br><br>Ertapenem 1 gram IV daily for 42 days r/t osteomyelitis (start date 1/13/23 end date 2/24/23)<br><br>Review of Resident #79's Treatment Administration Records from November 2022 to February 2023 revealed no evidence of wound treatments completed on 12/02/2022, 12/25/2022, 12/26/2022, 01/01/2023, 01/05/2023, 01/08/2023, 01/11/2023, 01/19/2023, 02/04/2023, 02/08/2023, 02/11/2023, 02/19/2023.<br><br>Review of Resident #79's electronic record revealed no evidence of reposition every 2 hours and as needed and conduction of systematic skin inspection daily between 11/25/2022 and 12/29/2022.<br><br>Review of Resident #79's Care Plan last revised 1/30/23 revealed:<br><br>Problem: Pressure Sores/Skin Care. Goal: Prevent/Heal pressure sores and skin breakdown. Approach: follow facility skin care protocol; preventative measures use cushioned boots for heels while in bed as tolerated, off load heels while in bed; report to charge nurse any redness or skin breakdown immediately; treatment as ordered; turn and reposition every 2 hours and PRN; Problem: Resident has a pressure ulcer to right heel r/t immobility. Goal: Resident's ulcer will not increase in size. Ulcer will not exhibit signs of infection. Approach: . conduct a systematic skin inspection during treatment .; Problem: Resident has a pressure ulcer to sacrum r/t immobility. Goal: Resident's ulcer will heal without complications. Approach: use cushion provided by family for pressure reduction when resident is in chair; conduct a systematic skin inspection daily during treatment .<br><br>Observation on 2/18/23 at 3:30 PM Resident #79 was lying in bed, turned slightly onto his left side with heels floated on pillows and heel protectors to bilateral feet.<br><br>Observation on 2/19/23 at 10:30 AM Resident #79 was lying in bed flat on his back with heels floated on pillows, bilateral heel protectors were in place.<br><br>Observation on 2/20/23 at 9:40 AM Resident #79 was sitting in Geri-chair in dialysis suite with pillows elevating feet. Resident #79 had 2 blankets covering his legs because he stated that room was always cold, surveyor unable to verify if heel protectors were in place.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Observation on 02/20/23 3:25 PM: RN-V gathered supplies as ordered from treatment cart and placed in resealable plastic bag with resident #79's name written on it and carried bag to resident's room. MDS-RN and LVN-Q entered room and donned gloves. LVN-Q used hand sanitizer prior to entering resident room. MDS-RN was not observed to use hand sanitizer after entering Resident #79's room. RN-V used hand sanitizer, cleaned tray table with sanitizer wipes and placed wax paper on cleaned tabletop without donning gloves. RN-V removed 2 6inx6in foam border dressing from package and dropped on wax paper, removed 3 saline ampules, 1 can of wound spray, 1 tube of barrier cream, 4inx4in gauze, calcium alginate packing, and cotton tipped applicators from resealable plastic bag and placed on wax paper without donning gloves. RN-V saturated 4x4 gauze with saline without donning gloves. RN-V donned clean gloves. Resident #79 assisted onto his left side by MDS-RN. Dirty dressing and soiled packing removed by MDS-RN; soiled dressing was dated 2/18/23. Wound appeared beefy red inside, wound edges well-defined and healthy looking, area surrounding wound was bright red and irritated in appearance, area appeared larger than size of foam border dressing (6x6in) but no measurements were taken during this dressing change. Without changing soiled gloves, RN-V cleaned wound with saline soaked gauze, patted area dry with dry gauze, opened calcium alginate package and used cotton tipped applicator to pack calcium alginate packing into wound. Clean 6inx6in foam border dressing placed over wound. Resident rolled onto his back then LVN-Q stated, don't forget you have to date time and initial the dressing. RN-V assisted resident back onto his left side and RN-V dated and initialed the clean dressing. RN-V did not change gloves in between dirty and clean dressing. RN-V removed her gloves and donned a clean pair. LVN-Q held Resident #79's leg by the calf while RN-V removed Resident #79's right heel dressing, soiled dressing did not appear to have a date and initial on it. RN-V sprayed wound cleanser on right heel wound, applied wound cleanser to wound with cotton tipped applicator, and applied a clean 6inx6in foam bordered dressing. RN-V dated and initialed the clean dressing to Resident #79's right heel. RN-V removed her gloves. RN-V donned clean gloves and removed dressing to left heel, wound cleanser and gauze used to clean left heel. MDS-RN stated that there were no orders for the treatment or dressing to the left heel, but the staff do them as a preventative measure. RN-V removed her gloves, collected trash, and left the room. Surveyor attempted to find RN-V for an interview regarding the wound care, but she was unable to be located.<br><br>Interview on 2/24/23 at 4:48 PM, LVN-Q stated wound care with Resident #79 on 2/20/23 performed by RN-V went badly. She stated she did not see RN-V wash hands or use sanitizer at any time before or during the dressing changes, but she did see her change her gloves in between each wound. LVN-Q stated that was not the correct procedure for hand hygiene during wound care and could lead to recontamination of the wound. She stated that RN-V was feeling overwhelmed but that was not an excuse. She stated that it was just overall not good.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 2/21/23 at 11:35 AM, Corporate Clinical Company Leader RN-H stated Resident #79 was admitted to facility on 11/15/22 with stage 3 to sacrum and stage 3 to right heel and that both wounds were documented on admission. Corporate Clinical Company Leader RN-H stated that in her investigation of the Resident #79's chart, it appeared that the wound care/treatment nurse at the time documented the right heel wound was healed on 11/25/22 even though the wound was never healed. She stated the right heel wound was re-identified as a stage 4 on 12/29/22. She stated that because the wound was documented as healed it went one month without treatment or observation leading to it progress to a stage 4. She stated that Resident #79's sacral wound was a stage 3 on admission but had worsened to a stage 4. She stated the documentation stating the wound was improving even with the presence of osteomyelitis was strictly referring to the wound bed appearance from her understanding. Corporate Clinical Company Leader RN-H stated the resident was diagnosed with osteomyelitis at the site of the sacral wound by the wound care physician. She stated the staff was supposed to do skin sweeps weekly to check wounds and get measurements and the wound care doctor saw residents weekly as well. The staff did their checks on the residents that the doctor did not see. The measurements were documented in the wound management section of the chart. Corporate Clinical Company Leader RN-H stated wound care was documented on the treatment administration record only unless something was wrong or there were changes. If there was something different with a wound, she stated a prudent nurse would document in a focused observation note or progress note what was observed, notify the doctor of the change in the resident's condition, then document that the doctor was notified. She stated the wound care physician's progress notes were uploaded into the resident's EMR electronically and that he was able to put his own orders in remotely. She stated if someone did transcribe orders for him it would be the nurse who did rounds with him while he was in the building seeing residents, normally the wound care/treatment nurse when the facility had one or the DON. If the resident was a new admission and the wound care physician was giving orders, the admitting nurse would be responsible for transcribing the orders and verifying everything was in the resident's chart correctly. Corporate Clinical Company Leader RN-H stated when an order was put into the facility's charting program it went directly onto the MAR. She stated during the morning meeting, the staff should have been going over all new orders received to make sure all orders had been signed and verified and that nothing had been missed during rounds. Corporate Clinical Company Leader RN-H stated all information regarding wounds had been provided or would be found in focused observation notes.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 02/22/23 at 09:57 AM, LVN-AE the former wound care nurse for the facility, stated that on weekends RN-V would not do wound care for the residents on Station 1. When LVN-AE would ask RN-V why it was not being done, RN-V would say it was because she would be frustrated and that she was one person and could not get them (treatments) done. LVN-AE did not understand why because RN-V always had a med aide, so that would have left her free to do the treatments. LVN-AE stated that the wounds would have the same dressing on them on Monday that she put on the residents on Friday. LVN-AE stated she worked Monday through Friday as the treatment/wound care nurse. LVN-AE reported RN-V to the DON and the former Administrator, then later reported it to Regional Nurse Consultant and others who no longer work for the company. She was told by all of them that they would talk to RN-V. LVN-AE stated it never got corrected. LVN-AW felt the residents did not receive wound care as ordered by the physician when she was not in building. LVN-AE stated that every Thursday the wound care physician would see residents but by the time he came, she had a week to make them look better, so he did not make comments that the residents' wounds were worse. LVN-AE stated she got conflicting information from DON's regarding skin assessments. LVN-AE stated at first, she would do skin assessments on wound care residents, then was told the nurses were supposed to do skin assessments and she was only supposed to do the wound management (measurements, wound descriptions). LVN-AE said she left the facility because the facility was not willing to change and hold RN-V accountable for wound care, and she was afraid of losing her license due to the wounds in the facility.<br><br>In an interview on 2/22/23 at 10:25 AM, LVN-P stated since the wound care nurse quit whoever was working the floor was responsible for wound care for the residents. She stated typically, there was a charge nurse and a med nurse on the day shift, and they helped each other out with the residents. LVN-P stated Station 1 had 6 residents getting wound care at that time. When wound care was done, she stated she only signed off on the TAR and she never put a progress note in just to state the wound care had been done. She stated if there were changes to the wound it was documented in a progress note, the doctor was notified, she would notify the family and continue the treatment or write orders if any new orders were given. She stated a nurse always rounded with the wound care doctor when he saw the residents. She stated he was in the facility weekly, and she rounded with him last week because there was no one else to do it. LVN-P stated until the facility hired a new wound care nurse, she believed the DON was going to take over rounding with him.<br><br>In an interview on 2/22/23 at 10:49 AM, Corporate Clinical Company Leader RN-H stated that she was not aware skin assessments were not being done accurately and treatments were not being done until surveyors arrived at the facility. She stated the facility was currently in the process of revising their wound care program to address wound care management, assessments, treatments, and care planning issues the facility had been experiencing.<br><br>In an interview on 2/23/23 at 11:35 AM, the Wound Care Physician stated that his expectation was that his orders would be followed and the wound care for the residents would be done. Wound Care Physician stated that if a resident's wound care was not done as ordered over the weekend that when he came to the facility on Thursday, the wounds would have time for improvement by the time he saw them again if the treatments were started back up on Monday. He stated he did rounds with the floor nurses when he saw the residents.<br><br>Review of facility policy Prevention of Pressure Injuries revised May 2022 revealed:<br><br>Purpose: The purpose of this protocol is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Preparation: Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable.<br><br>Prevention:<br><br>Skin Care<br><br>1. Keep the skin clean and hydrated.<br><br>2. Clean promptly after episodes of incontinence.<br><br>3. Avoid alkaline soaps and cleansers.<br><br>4. Use a barrier product to protect skin from moisture.<br><br>5. Use incontinence products with high absorbency.<br><br>6. Do not rub or otherwise cause friction on skin that is at risk of pressure injuries.<br><br>7. Use facility-approved protective dressings for at risk individuals.<br><br>Nutrition<br><br>1. Conduct nutritional screenings for residents at risk.<br><br>2. Conduct a comprehensive nutritional assessment for any resident at risk of pressure injury who is screened to be at risk for malnutrition, and for all adult residents with a pressure injury.<br><br>3. Establish and implement a nutrition care plan for any resident with or at risk of a pressure injury who is malnourished or at risk of malnutrition.<br><br>4. Provide optimal hydration, nutrient, protein, and caloric requirements as established by current practice guidelines.<br><br>5. Monitor resident for weight loss and intake of foods and fluids.<br><br>6. Include nutritional supplements in the resident's diet to increase calories and p [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35675<br><br>41871<br><br>41944<br><br>Based on observation, interview, and record review the facility failed to ensure the resident's environment remained free of accident and hazards, and each resident's received adequate supervision to prevent accidents and altercations for 2 of 14 residents (Resident #36 and Resident #45) reviewed for accidents and supervision.<br><br>The facility failed to ensure there was adequate supervision on Station 2/Hall 2 (men secured locked unit) to prevent a resident-to-resident physical altercation between Resident #36 and Resident #45 on 02/19/23.<br><br>These failures placed residents at risk for injury and undue psychosocial distress due to lack of supervision provided by the facility.<br><br>Findings include:<br><br>Station 2 Hall 1 (Men's Secured Unit)<br><br>In an observation on 02/14/23 at 11:47 am, revealed Station 2 Hall 1 had 14 residents with known behaviors. 1 agency CNA, ADON, and LVN-PH were observed on the hall.<br><br>In an interview on 02/14/23 at 11:00 am, CNA-JF said she worked 6am to 6pm and worked 12 hours by herself on the women's secured unit, with 1 resident requiring 1:1 supervision. A staff member would come in every 2 hours to check on her. She said she did not feel safe working alone and was unable to prevent resident to resident altercations. CNA-JF stated she had received training in the past for Alzheimer's/dementia but not for residents with behaviors.<br><br>In an interview on 02/14/23 at 11:47 am, LVN-PH said the facility usually had 2 staff on the men's secured unit and 1 staff on the women's secured unit during the day shift. She floated between the 2 units but spent the majority of her time on the men's unit as that was where her desk as. She said 1 staff on the women's secured unit was not enough to protect the residents. She said staff was cut back from 2 staff to 1 staff on the women's unit about a month ago.<br><br>Resident #36<br><br>Record review of Resident #36's undated face sheet revealed he was a [AGE] year old male admitted on [DATE] with the following diagnoses: Moderate psychological disability, unspecific dementia without behavioral disturbances, personality change due to unknown psychological condition, and intermittent explosive disorder (explosive eruptions that occur suddenly, with little or no warning).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #36's Quarterly MDS assessment, dated 11/21/22, revealed a BIMS score of 00 which indicated severe cognitive impairment. Further review of MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. None of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavior symptoms directed towards others behavior did not occur, B. Verbal behaviors symptoms directed towards others behavior did not occur, C. Other behavioral symptoms not directed towards others behavior did not occur. Section G: Functional Status. G0110. Activities of Daily Living Assistance: H. Eating: 1 (supervision oversight, encouragement or cueing). G0120 Bathing: Self Performance: 3 (Physical help in part of bathing activity). G0300: Balance during transitions and walking: A. Moving from seated to standing position 1 (not steady, but able to stabilize without human assistance. B. Walking (with assistive device if used) 1 (not steady, but able to stabilize without human assistance).<br><br>Review of Resident #36 Care Plan dated 01/18/2023 (Last Care Conference) revealed the following: Problem I have behavioral symptoms at times tearing up/destroying the mini blinds in my room. I wander at times that is why I am on a secure unit. I am not usually aggressive. On 02/24/23 I Wandered in another resident's room space, and he hit me on the chest, I hit his arm as a reaction to being stuck. This is not my normal behavior, and I was remorseful that this happened. Goal: Privacy will be maintained via alternate means (drape and or privacy curtains) mini blinds will not be hung. On 02/14/23 I will not strike out at any other Resident in the next 90 days. Approach: Always ask for help if resident becomes abusive/resistive. Ask assistance from staff If placed in an uncomfortable situation.<br><br>Resident #45<br><br>Record review of Resident #45's Annual MDS assessment, dated 11/21/22, revealed a [AGE] year-old male, admitted to the facility on [DATE]. Diagnosis Diagnoses included dementia, Epilepsy (seizure disorder), and schizophrenia (a mental disorder in which people interpret reality abnormally). Resident #45 had a BIMS score of 00 which indicated severe cognitive impairment. Further review of MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. None of the above (psychosis). E0200. Behavioral Symptoms: A. Physical behavior symptoms directed towards others - behavior did not occur, B. Verbal behaviors symptoms directed towards others - behavior did not occur, C. Other behavioral symptoms not directed towards others - behavior did not occur. Section G: Functional Status. G0110. Activities of Daily Living Assistance: H. Eating: 1 (supervision-oversight, encouragement or cueing). G0120 Bathing: Self-Performance: 3 (Physical help in part of bathing activity). G0300: Balance during transitions and walking: A. Moving from seated to standing position - 1 (not steady, but able to stabilize without human assistance. B. Walking (with assistive device if used) - 1 (not steady, but able to stabilize without human assistance).<br><br>During an observation on 02/19/23 at 11:00 AM, Surveyor witnessed a physical altercation between Resident #36 and Resident #45 on the men's secured locked unit. Resident #36 was standing in the dayroom area approximately 10 feet away from the doorway and as Resident #45 entered through the doorway, Resident #36 went up to him and hit him in the chest with a closed fist. Resident #45 fell into a chair, and he immediately got up and continued on his way.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 02/22/23 at 10:10 AM, the Interim Administrator said she had spoken to SW-EJJ about Resident #36's behavior. She said Resident #36 had an Intellectual Developmental Disability and did not qualify to be sent to a psychiatric hospital. She also said his Guardian refuses to allow him to be sent to one. She said Resident #36's Guardian was a social worker at the group home he was previously staying at and said Resident #36 would be inappropriate for that care option. The Interim Administrator said she was not aware of the altercation between Resident #36 and Resident #45 on 02/19/23. She said Resident #36 should be on one-on-one monitoring to protect the other residents.<br><br>In an interview on 02/23/23 at 11:17 AM, CNA-JG and TNA-AL said they were never informed Resident #36 needed one-on-one monitoring. When asked how the other residents react when there are altercations between residents, they said the other residents get upset.<br><br>In an interview on 02/23/23 at 10:30 AM, SW-EJJ was asked why two residents were sent to a psychiatric hospital when there were behaviors related to physical altercation and Resident #36 continues to remain in the men's locked unit. SW-EJJ said Resident 36 had been in a group home all his life and his behaviors were mostly yelling and acting out. Usually going outside and walking around helps his behaviors and smoking calms him down. When asked, how do staff monitor his behaviors, she said we just monitor him, he sits and eats with another resident who keeps him calm. When asked about his history of previous altercations and behaviors hitting residents and it upsetting other residents, per staff. She said she personally had not witnessed any behaviors with altercations. When brought to her attention the altercation recorded in progress notes she said, she had not personally seen Resident #36 hit anyone. When asked how the facility protects residents from being hit by Resident #36, she said we monitor him. She said he could be sitting across from someone and reach over and punch someone, how can you anticipate what is going to happen.<br><br>In an interview on 02/23/23 at 12:37 PM, NP-KR said Resident #36 was difficult because he does not speak and was not able to express himself. She said, Resident #36's primary doctor had discontinued his Seroquel and his behaviors increased and she put him back on the Seroquel which seems to have help calm him down. As far as protecting the other residents from his behaviors, that is up to the facility. She said she was not aware he hit another resident on 02/19/23.<br><br>Record review of Resident #36's progress notes from 12/02/23 until 02/19/23 revealed the following behaviors related to altercations:<br><br>A. 12/02/2022 at 2:56 PM, Resident #36 was showing aggressive behavior to staff taking off shirt and yelling at staff.<br><br>B. 12/03/2022 at 3:39 AM, .Resident yelling, hitting his head and hit the exit door with his fist then ate a cigarette.<br><br>C. 12/04/2022 at 11:55 AM, CNA (unidentified) reported Resident #36 was standing in the living area when another resident was ambulating by him (Resident #36). Resident #36 let (Resident #40 - female) walk by him then hit her with closed fist (no location of where she was hit was identified). Residents were separated and taken out to smoke. No redness to resident who was hit noted at this time.<br><br>D. 12/08/2022 at 3:37 AM, After returning from smoke break resident (Resident #36) ate a cigarette. Staff tried to get cigarette from resident, he (Resident #36) began swinging fist and yelling. Quickly calmed and walked to room.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | E. 01/09/2023 at 11:32 AM Resident (Resident #36) went out to have a cigarette and when he came inside, he was standing by the door and another resident (unidentified) walking fast came by him and he hit her on the left shoulder with his left hand.<br><br>F. 01/10/2023 at 12:31 PM, CNA (unidentified) reports, her, and another CNA (unidentified) had resident (Resident #36) in bathroom attempting to change brief when he (Resident #36) became combative.<br><br>G. 01/13/2023 at 5:12 PM, Resident cries and occasionally threatens staff with fist.<br><br>H. 02/19/2023 at 12:46 PM: Resident (#36) was standing up by the outside door and hit a Resident (identified as Resident #45 by staff (HA-LB who witnessed the event) when he came into the Unit from outside. He (Resident #36) hit him (Resident #45) in the chest. Residents were separated. (Progress notes did not indicate who separated the residents).<br><br>In an interview on 02/14/22 at 3:00 pm, the Corporate Regional Resource Nurse, said on January 10th, 2023, the facility moved 3 residents off the of Women's Secured Unit and moved 1 CNA to the general population which leaves only 1 staff on the unit (The census of the women's secured unit on 02/14/23, were a total of 6 residents with behavioral issues that required close supervision.) She stated I move staff to where they are needed, I'm not cutting staff no matter what they tell you. They might tell you they are short staffed, but they are not. She had an aide that goes to the unit whenever the CNA needs to give a resident a bath. When asked about how staff calls for help, she said they had walkie-talkies but they didn't work. Staff can use their personal cell phone to call for help.<br><br>In an interview on 02/15/23 at 9:15 am, CNA-JF stated there was not enough staff to provide adequate supervision for the residents on the female locked unit. She stated it was not safe with one person in the unit. She stated that the acuity was high due to behaviors, but Administration says that it was not. She stated that at times, they send staff who are not certified or aides such as the activity person to help. She said she usually worked by herself for the entire 12-hour shift. She said that if she needed help, she would have to go down the hallway, enter the keycode to unlock the door, open the door and call for help all while leaving the residents unsupervised as it is a long hallway. She said that she had permission to use her personal cell phone to call for help but no one will answer when she called. She said that Administration had told her that she sits the residents too close together, but she had nowhere for the residents to be as the unit was small. She said that during meals she was often by herself on the unit. She sat Resident #53 next to her because Resident #53 constantly required assistance and redirection. All the while she had to assist the other residents to eat and prevent another resident from constantly getting up and taking other residents drinks. She said it as a lot for one person to do. She also said she will only take a break or go to the bathroom when the LVN comes to administer medications or sometimes when the activity person comes into the unit.<br><br>In an interview on 02/15/23 at 11:00 am, with the Interim DON and Corporate Regional Resource Nurse, the Interim DON stated she talked to the Social Worker and Administrator that morning and told them they were not equipped to deal with Resident #53's behaviors. She stated, We are not a behavior unit, can we deal with these behaviors, yes, but it requires 1:1, 2:1, and sometimes even 3:1. When asked if she felt 1 staff on the Women's Secured Unit was sufficient, the Interim DON stated that 1 staff on the Women's Secured Unit was enough as the residents are a low acuity level and just custodial care. The Interim DON defined acuity level as medical needs only and stated she did not take into account behaviors when determining resident acuity.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an observation on 02/15/23 at 3:50pm, Resident #53 was observed crawling on the floor with gait belt around her waist on the women's secured unit. The Interim DON was observed pulling on the gait belt to move the resident back.<br><br>In an interview on 02/16/23 at 11:40 am, CNA-JG stated: It's not safe for the other residents with only one CNA working on the women's locked unit alone and there's always only one CNA scheduled. There has been 2 CNAs for the last few days only because the state surveyors are in the building. CNA-JG said, we tell the DON all the time that we don't feel safe, and we need at least 2 CNAs back there, but they don't listen to us, and we're told to work it out. We have had some training, but no training ever received on how to provide care for residents who are aggressive or residents that have behavior problems.<br><br>In an observation and interview on 02/16/23 at 11:50 am, TNA-BM stated, I'm here on this unit today sitting 1:1 with Resident #53 because y'all (State Surveyors) are in the building, there's usually is only one CNA assigned. She stated it would be almost impossible for one person to care for the residents on the secure unit. We asked the DON and ADON all the time for more help, but we don't get any, and the residents suffer. TNA-BM stated, We have trainings, but I don't remember getting training on how to provide care for residents who are aggressive or residents that have behavior problems. TNA-BM was observed utilizing the gait belt around Resident #53's waist to restrict her movement and guide her away from other resident's multiple times.<br><br>In an interview on 02/16/23 at 3:00 pm, TNA-ML said she had been employed for 1 year at the facility and floated from unit to unit. She stated it is impossible to know the residents on different units if you don't get a report. She said, you just have to figure out the residents on all of the different units likes and dislikes as you go along. She stated there was supposed to be a Get to Know Me Book on each unit, but it usually was not in the place it is supposed to be, and if it was the staff are not given time to review it. The showers on the female locked unit are very difficult to complete if a resident was having behaviors when you arrive at work as there is only 1 CNA to deal with the situation. She also stated, I don't feel safe working alone on the female lock unit. Resident #53's mood and behaviors dictate the type of day every resident and staff on the unit are going to have. She stated she does not remember receiving training on how to provide care for residents who are aggressive and have behavior problems. She said concerning Resident #53, we were told to keep the other residents away from her utilizing the gait belt.<br><br>In an interview on 02/16/23 at 4:00 pm, CNA-DS stated there have been issues with Resident #53's behavior for a long time as she hit, scratched, bit, and kicked staff and residents.<br><br>In an interview with the Interim Administrator on 02/17/23 at 9:45 am, she stated she was aware there was a problem with staff scheduling and she had recently taken over the scheduling. She stated she scheduled the number of people to work. The charge nurses would assign the employees what hall they will be working on. She stated the facility did not write these assignments down and said she could not produce historic staffing sheets with assignments for each shift. She stated she could not tell where staff worked a week ago.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview with the Interim Administrator 02/19/23 at 2:55 PM, she said the time clock does not always work properly. She said if the time clock does not work, the staff were expected to complete a paper time sheet and they were collected and put into the system within a day or two. She said the facility did not have records of staffing sheets with assigned halls for each shift worked. She denied any major incidents that had been attributed to staffing shortage, but stated it was possible that something could happen.<br><br>In an interview on 02/19/23 at 4:30 PM, the DON stated there was no way to tell which staff worked in which area of the facility on any given date. She stated the facility had recognized this being a concern and had put a new scheduling sheet in place that should make it easier to track this information. The DON stated if there was an allegation of abuse and neglect, there was no system in place to determine which staff was working in that area.<br><br>Record review of employee files revealed the facility was unable to produce evidence of training for staff on accidents, hazards, supervision, and performance evaluations to ensure the continuing competency of nurse's aides.<br><br>Record review of the facility policy Resident-to-Resident Altercations, dated as revised December 2016, revealed the following [in part]:<br><br>Policy Statement: All altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the Nursing Supervisor, the Director of Nursing Services and to the Administrator.<br><br>Policy Interpretation and Implementation:<br><br>1. Facility staff will monitor residents for aggressive/inappropriate behaviors towards other residents, family members, visitors, or to staff. Occurrences of such incidents shall be promptly reported to the Nurse Supervisor, Director of Nursing Services, and to the Administrator.<br><br>2. If two residents are involved in an altercation, staff will:<br><br>A. Separate the residents, and institute measures to calm the situation;<br><br>B. Identify what happened, including what might have led to aggressive conduct on the part of one or more of the individuals involved in the altercation;<br><br>C. Notify each resident's representative and Attending Physician of the incident;<br><br>D. Review the events with the Nursing Supervisor and Director of Nursing, and possible measures to try to prevent additional incidents;<br><br>F. Make any necessary changes in the care plan approaches to any or all of the involved individuals;<br><br>G. Document in the resident's clinical record all interventions and their effectiveness;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | J. If, after carefully evaluating the situation, it is determined that care cannot be readily given within the facility, transfer the resident.<br><br>The facility failed to provide a policy relating to accidents/hazards/supervision by the time of exit on 02/24/23. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45437<br><br>Based on observation, interview and record review the facility failed to ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and complications associated with an indwelling catheter for number 1 of 2 (Resident #1) reviewed for catheters.<br><br>The facility failed to empty Resident #1's urinary catheter bag for two days, allowing the bag to fill overflowing up into the tubing that was inserted in the resident's bladder. The facility also failed to change the catheter when sediment was observed. Resident #1 was sent to a local hospital and diagnosed with sepsis (life threatening medical emergency related to the body's response to an infection) and a UTI.<br><br>An IJ was identified on 02/22/2023. The IJ template was provided to the facility on [DATE] at 4:55pm. While the IJ was removed on 02/24/2023, the facility remained out of compliance at a scope of isolated and a severity level of actual harm because the facilities need to complete in service training and evaluate their effectiveness of their plan of removal.<br><br>This failure placed residents at risk of not receiving care and services to prevent urinary tract infections or other issues related to bladder<br><br>Functioning.<br><br>Findings included:<br><br>Record review of Resident #1 face sheet dated 02/20/2023 revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnoses: Unspecified fracture of left shaft/femur (bone in the thigh), Non ST elevation myocardial infraction (heart attack due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Record review of Resident #1 Discharge Minimum Data Set (MDS) Section C dated 09/19/2022 revealed in Section H (bladder and bowel) that she was frequently incontinent, 7 or more times episodes of incontinent, but 1 episode of continent).<br><br>Record review of Resident #1 Quarterly Minimum Data Set (MDS) Section C dated 11/15/2022 revealed in Section H (bladder and bowel) that resident had an indwelling catheter.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Observation and interview on 02/18/2023 at 10:15 AM, Resident #1's catheter bag was overflowing, urine in the tubing backing up. The catheter bag was leaking on the floor. Resident reported that it had not been drained in 2 days. The resident's urine was cloudy, with sediment visible in tubing and bag. There was a thick cloudy substance in the tubing that appeared to be puss. The DON was present with observation and visualized the catheter tubing and bag. When asked she said what she thought it was, she said that it appeared to be a puss like substance. She said that she was going to have it changed immediately.<br><br>Interview on 02/18/2023 at 1:20pm, the DON stated that indwelling catheter bags should always be covered. She also stated that catheter bags that are full of urine backflowing in the catheter tubing place the resident at risk for infections. She stated she did not know reason for overflow catheter bag with urine backflowing into the catheter . She said it was the nurses responsibility to change it.<br><br>Observation on 02/18/2023 at 3:58pm, revealed Resident #1 continued to have an indwelling catheter with an overfilled catheter bag with urine backflowing in the catheter tubing. The bag continued to be leaking urine onto the floor. The urine was cloudy, with sediment visible in tubing and bag. There was a thick cloudy substance in the tubing that appeared to be puss. This observation was reported to the Corporate Regional Resource Nurse-J<br><br>Observation and interview on 02/19/2023 at 8:35 am, revealed Resident #1's catheter bag had been emptied; however, the catheter had not been changed and was observed to be crusted with sediment and puss like substance visible in the tubing. There was a trash bag on the floor under the uncovered catheter bag. Resident #1 stated that the trash bag was placed to catch the leaking urine from the catheter bag .<br><br>Interview on 02/19/2023 at 9:45 am, RN-V stated she had not gone to check Resident #1's catheter bag to check see if it had been drained or changed during previous day's shift. She reported it was delegated to her, but she was busy and had not had a chance to do it.<br><br>Interview on 02/19/2023 at 10:02 am, Corporate Regional Resource Nurse-J-J stated she had instructed RN-V to change Resident #1's catheter bag. She stated that RN-V reported that it had been changed. She collected a UA sample while changing it and would notify the physician . She stated that the catheter should have been changed due to the sediment. She said that she could see where there was an issue for concern.<br><br>Interview on 02/19/2023 at 11:04 am, the DON stated she asked LVN-O and RN-V to change Resident #1's catheter bag yesterday afternoon. She could not remember the exact time, but it was after lunch. She said she went back to Resident #1's rooms yesterday afternoon and it continued to not be completed. She then asked them again to complete the task. She stated this failure placed the residents at risk for an infection.<br><br>Interview on 02/19/2023 at 3:10pm, RN-V said she did not change Resident #1's catheter tubing but only changed the bag. She said she obtained a urine sample for an ordered UA from the catheter tubing that continued to have sediment and puss like substance but not from the bag.<br><br>Interview and observation on 02/19/23 03:15 PM, Corporate Regional Resource Nurse-J-J stated she instructed RN-V to change Resident #1's entire catheter on 02/18/2023.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Observation and interview on 02/19/2023 at 11:20 am, Resident #1 was speaking with surveyor without any distress.<br><br>Observation on 02/19/2023 at 2:57 pm, Resident #1 was observed unresponsiveness with emesis (vomiting) on chest by surveyors and Corporate Clinical Company Leader RN-I. Corporate Clinical Company Leader RN-I stated she had to check Resident #1's pulse because she wasn't sure if she was alive.<br><br>Interview on 02/19/2023 about 3:00pm, Resident #56 (Resident #1's roommate) said Resident #1 received her lunch tray about 12:00 pm and almost immediately started to throw up. Resident #56 then called for help, but no one came until about 2:00 pm. Resident #56 said that she told the staff that Resident #1 needed assistance, the staff was Assistant Administrator in Training who removed Resident #1's tray and stated, I can't help you and left the room.<br><br>Observation on 02/19/2023 at 3:25pm, Resident #1 was transferred to community hospital via EMS.<br><br>Interview on 02/19/2023 at 4:34pm, the DON said she looked at Resident #1's catheter yesterday (02/18/2023) and it appeared to have puss and sediment in the catheter tubing and catheter hub. She said it was her expectation that it was to be changed. She made an additional request for the catheter to be changed this morning by RN-V. The DON stated that she discovered that the Resident #1 left the facility (to the hospital) without a changed catheter tubing but only changed catheter bag. It was her expectation that it was changed yesterday.<br><br>Interview on 02/20/2023 at 3:57pm, CNA-Z stated Resident #1 had puss in her catheter tubing when she drained the catheter bag and performed incontinent care about 2 weeks ago. She stated she notified RN-V of the puss in resident's catheter tubing at that time.<br><br>Interview on 02/20/2023 at 04:04 PM, Resident #56 (Resident #1's roommate) said she presses the call light frequently and it takes a while to answer. She said that the lady that came to answer the call light after two hours of pressing it. She had long dark hair and was part of administration but did not work the floor. Resident #56 said that this staff went to the Resident #1 and said Oh, My God, when she saw the resident. Resident #56 said that the staff stated she couldn't help Resident #1 and left the room. Resident #56 said she thought the staff was coming back but never did. Resident #56 said that she could hear Resident #1 throwing up and gurgling. Resident #56 said no one changed their catheters. She said that yesterday (02/19/2023) the staff just changed the bag. Resident #56 said that the regional Hispanic nurse did in fact tell the nurse to just change the bag until she got caught up and that she could change it later. Resident #56 said it was the same nurse that told her in Spanish to butt out and put her hand to her mouth as in telling her to hush and she cut her eyes.<br><br>Interview on 02/20/23 04:34 PM, RN-V stated while in Resident's room that she was short of staff on 02/19/2023 and behind. She said that when the regional nurse came, she told her to change the catheter bag only. She said that she is often short staffed or without staff and can do what she can do. She said she is trying hard and stays for the residents.<br><br>Interview on 02/21/2023 at 4:46 PM, interview with Resident #1 family members A and B revealed that when they would come to see her, she would look malnourished , and her catheter bag was always full.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Review of Resident #1 physician orders dated 10/13/2022 revealed Foley Catheter: Size (10cc) FR (16) Diagnosis: Neurogenic bladder (lack bladder control due to brain, spine, or nerve problems)<br><br>Review of Resident #1's physician order dated 10/21/2022 revealed: Foley Catheter: May obtain urine sample via Foley Catheter Port as needed when a Urine Analysis is ordered. (If Foley Catheter has been in place greater than 14 days, change Foley Catheter before obtaining urine.) and Foley Catheter: Provide catheter care every shift.<br><br>Record review of Resident #1 electronic orders accessed on 02/20/2023 revealed there were orders to address her indwelling catheter. Resident #1 did have orders to change foley catheter and drainage bag as needed for indications of blockage, increased sediment, infection and displaced, as needed.<br><br>Record review of Resident #1 electronic care plan accessed on 02/20/2022 revealed the following: Problem - Resident #1 has Indwelling Foley Catheter: Goal - Resident will not show signs of urinary infection or urethral trauma. Interventions - Change catheter every per MD order, document urinary output; record the amount, type, color and odor, observe for leakage, keep catheter system a closed system as much as possible, position bag below level of bladder, provide catheter care as scheduled and PRN. Problem- Resident #1 has a urinary tract infection. Goal- resident will not exhibit signs of a urinary tract infection. Interventions- Administer Bactrim DS (antibiotic), encourage fluids, keep perineal area clean and dry and report signs or UTI (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back pain/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine and blood in urine. Initiated date of 10/15/2022 and revised date of 01/31/2023.<br><br>Record review of Resident #1 most recent significant change Minimum Data Set (MDS) Section C dated 01/30/2023 revealed she had the ability to express ideas and wants and was able to understand others clearly. Resident #1 had a Brief Interview for Mental Status (BIMS) of 14 out of score of 15 which indicated an intact cognition. Resident #1 was extensive assistance for activities of daily living (ADL) except for eating where she required supervision.<br><br>Record review of Resident #1 significant change MDS on 01/30/2023 revealed Resident #1 had an indwelling catheter reported in section H: Bladder and Bowel.<br><br>Record review of Resident #1's vital reports, dated 02/21/2023, provided by Corporate Clinical Leader RN-H revealed the following documentation concerning Resident #1's catheter being drained, and the amount of urine noted, between 01/18/2023 until 02/19/2023, was not documented or done on-<br><br>o 01/20/2023 on day or night shift<br><br>o 01/21/2023 on day or night shift<br><br>o 01/22/2023 on day or night shift<br><br>o 01/23/2023 on day shift<br><br>o 01/24/2023 on day or night shift<br><br>o 01/25/2023 on day or night shift<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | o 01/26/2023 on day or night shift<br>o 01/27/2023 on day shift<br>o 01/28/2023 on day or night shift<br>o 01/29/2023 on day or night shift<br>o 01/30/2023 on day or night shift<br>o 01/31/2023 on day or night shift<br>o 02/01/2023 on day or night shift<br>o 02/02/2023 on day shift<br>o 02/03/2023 on day shift<br>o 02/04/2023 on day or night shift<br>o 02/05/2023 on day shift<br>o 02/06/2023 on day or night shift<br>o 02/07/2023 on day or night shift<br>o 02/08/2023 on day shift<br>o 02/09/2023 on day or night shift<br>o 02/10/2023 on day or night shift<br>o 02/11/2023 on day or night shift<br>o 02/12/2023 on day shift<br>o 02/13/2023 on day or night shift<br>o 02/14/2023 on day or night shift<br>o 02/15/2023 on day or night shift<br>o 02/16/2023 on day shift<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Record review of hospital record dated 02/19/2023 at 8:48pm History and Physical, revealed the following physician's notes- We sent her to the ICU Again, clinically it just seems to be a very ill patient, who was sent from the nursing home for an honestly a bogus reason at this point. At any rate from what I can gather she had left sided weakness from a prior stroke, but today currently it seems like she is not moving the right side, so we will get MRI of the brain. She does have a UTI in her labs, which will be treated.<br><br>Record review of Resident #1's community hospital records revealed dated 02/19/2023, Resident #1 was admitted into community hospital ICU with diagnosis of UTI & rule out stroke.<br><br>Record reviewed on Resident #1's community hospital records labs, assessment and plan dated 02/19/2022 revealed, Resident #1 had a primary diagnosis of Urinary Tract Infection, with orders to check cultures, place her on ceftriaxone (antibiotic)<br><br>Record review of hospital records dated 02/21/2023 revealed that Resident #1 had a diagnosis of Sepsis (A life threatening complication or infection. Sepsis occurs when chemicals released in the bloodstream to fight an infection throughout the body. This can result in multi organ system failure and even death).<br><br>Records review of hospital records dated 02/21/2023 Resident #1's Assessment and Plan revealed:<br><br>1. UTI in the setting on chronic indwelling foley catheter. Urine culture grew E coli. Blood cultures grew gram positive cocci. Start IV Vancomycin and Rocephin (antibiotics).<br><br>2. Bacteremia: Blood culture grew gram positive cocci. Start IV Vancomycin (antibiotic) and Rocephin (antibiotic).<br><br>Record review of the facilitates policy titled Catheter Care, Urinary; dated September 2014 revealed:<br><br>Purpose:<br><br>The purpose of this procedure is to prevent catheter-associated urinary tract infections.<br><br>Preparations:<br><br>1. Review the resident's care plan to assess for any special needs of the resident.<br><br>2. Assemble the equipment and supplies as needed.<br><br>General Guidelines:<br><br>1. Following aseptic insertion of the urinary catheter, maintain a closed drainage system.<br><br>2. If it breaks in aseptic technique, disconnection or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment, as ordered.<br><br>Input/Output:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 1. Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report it to the physician or supervisor.<br><br>2. Maintain an accurate record of the resident's daily output, per facility policy and procedure.<br><br>Maintaining Unobstructed Urine Flow:<br><br>1. Check the resident frequently to be sure he/she is not lying on the catheter and to keep the catheter and tubing free of kinks.<br><br>2. Unless specifically ordered, do not apply a clamp to the catheter.<br><br>3. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine tubing and drainage from flowing back into the urinary bladder.<br><br>Infection Control:<br><br>1. Use standard precautions when handling manipulating the drainage system.<br><br>2. Maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag.<br><br>a. Do not clean the periurethral area with antiseptics to prevent catheter associated UTI's while the catheter is in place. Routine hygiene.<br><br>b. Be sure the catheter tubing and drainage are kept off the floor.<br><br>c. Empty the drainage bag regularly using a separate, clean collection container for each resident.<br><br>d. Empty the collection bag at least every 8 hours.<br><br>Changing Catheters:<br><br>1. Changing indwelling catheters or drainage bags as routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstructions, or when the closed system is compromised.<br><br>Complication:<br><br>1. Observe the resident for complications associated with urinary catheters.<br><br>a. If the resident indicates that his/her bladder is full or that he/she needs to void, notify the physician.<br><br>b. Check the urine for unusual appearance (color, blood).<br><br>c. Notify the physician or supervisor in the event of bleeding, or if the catheter is accidently removed,<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | d. Report any complications that the resident may have of burning, tenderness, or pain in the urinary area.<br><br>e. Observe for signs or symptoms of urinary tract infection or urinary retention. Report findings to the physician or supervisor immediately.<br><br>Specimen Collection:<br><br>1. If a small volume of urine is needed for a urinalysis or culture, cleanse the port with a disinfectant and aspirate from the needless port using a sterile syringe ir cannula adapter.<br><br>Documentation:<br><br>The following information should be recorded in the resident's medical record.<br><br>1. The date and time the catheter care was given.<br><br>2. The name and title of the individual giving the care<br><br>3. All assessment data obtained when giving catheter care.<br><br>4. Character of urine such as color (straw colored, dark, or red) clarity (cloudy, solid particles, or blood, and odor.<br><br>5. Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.<br><br>6. Any problems or complaints made by the resident related to the procedure.<br><br>7. How the resident tolerated the procedure.<br><br>8. If the resident refused the procedure, the reasons why the interventions taken.<br><br>9. The signature and title of the person recording the data.<br><br>Reporting:<br><br>1. Notify the supervisor if the resident refuses the procedure.<br><br>2. Report the information in accordance with the facility policy and professional standards of practice.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Record review of U.S. National Library of Medicine Medline Plus (https://medlineplus.gov/ency/article/003981.htm) electronically accessed on 03/01/2023 revealed the following: Indwelling catheter care. When to Call the Doctor. A urinary tract infection is the most common problem for people with an indwelling urinary catheter. Call your health care provider if you have signs of an infection, such as: Pain around your sides or lower back. Urine smells bad, or it is cloudy or a different color. Fever or chills. A burning sensation or pain in your bladder or pelvis. Discharge or drainage from around the catheter where it is inserted into your body. You do not feel like yourself. Feeling tired, achy, and have a hard time focusing. Also call your provider if: Your urine bag is filling up quickly, and you have an increase in urine. Urine is leaking around the catheter. You notice blood in your urine. Your catheter seems blocked and not draining. You notice grit or stones in your urine. You have pain near the catheter. You have any concerns about your catheter. Changing Your Catheter, you will need to change the catheter about every 4 to 6 weeks. Always wash your hands with soap and water before changing it. When to Call the Doctor. Your catheter seems blocked. You notice grit or stones in your urine. Your supplies do not seem to be working (balloon is not inflating or other problems). You notice a smell or change in color in your urine, or your urine is cloudy. You have signs of infection (a burning sensation when you urinate, fever, or chills).<br><br>This was determined to be an Immediate Jeopardy (IJ) on 02/22/2023 at 4:55 pm. The Interim Administrator, Corporate Survey Resource Personnel, Corporate Regional [NAME] President of Operations, and two (2) Corporate Clinical Company Leader RNs were notified. The Interim Administrator was provided with the IJ template on 02/22/2023 at 4:55 pm.<br><br>The following Plan of Removal was accepted on 02/23/2023 at 7:58pm and included:<br><br>Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on 2/22/2023.<br><br>Action 1:<br><br>Resident #1 discharged to an acute care hospital for further evaluation on 2/19/2023.<br><br>Action 2:<br><br>The Director of Nursing and or/designee will in-service all nurses regarding resident assessment and charting/documentation.<br><br>The Director of Nursing and/or designee will in-service all nurses regarding foley catheter care.<br><br>The Director of Nursing and/or designee will in-service all CNAs, TNAs, Hospitality Aides regarding reporting foley catheters holding sediment/being foggy to the charge nurse and ensuring that they are emptying the bag as needed.<br><br>If the CNAs, TNAs, Hospitality Aides feel as if their concerns are not being followed through, they are to report immediately to the Director of Nursing this will be made evident through communication with the CNAs, TNAs, Hospitality Aides and their Director of Nursing. If the CNAs, TNAs, Hospitality Aides feel as if the charge nurse and nursing administration is not following up they should immediately report to their administrator.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | How will the facility ensure that care needs are being communicated up the chain?<br><br>The facility will ensure care needs are communicated up the chain through open communication, rounding and speaking with staff/listening to their concerns, and facility's communication with their corporate support team.<br><br>How will missed treatments be communicated from shift to shift?<br><br>Nurses will be in-serviced to communicate, this communication can be verbal, 72-hour report/facility activity report (72-hour report/facility activity report contains new orders, progress notes written, discontinued orders, event reports, vitals outside of normal range, opened or created observations), and/or via telephone, to their nursing administration regarding missed treatments, as well as, communicating shift to shift on missed treatments.<br><br>Who will be monitoring that the nurses have an understanding of the importance to communicate identified issues with other shifts and administration?<br><br>The Director of Nursing, Administrative Nurses, and Administrator will monitor that the nurses have the understanding of the importance to communicate via writing on the 72-hour report/facility activity report, verbally, and/or via telephone identified issues with other shifts and administration by education, morning clinical meetings/review of the 72-hour report/activity report with nurses, nursing administration, and administration, and nursing-to-nurse report.<br><br>How will the facility ensure that Nurses and CNA's have a good understanding of individual resident care needs and who is monitoring their competency?<br><br>Nurses and Nurse Aides will have a good understanding of individual care needs by understanding on how to pull the residents' care plans from the electronic medical record. This action will be in-serviced.<br><br>The Director of Nursing and/or designee will ensure competency through requesting staff to demonstrate understanding, at random, 3 times weekly, for 4 weeks.<br><br>All indicated staff will be in-service immediately prior to working their next shift. All new and temporary (internal/external agency) staff will be in-serviced over the above information, the administrator and/or<br><br>Director of Nursing will ensure this by checking the schedule and ensuring a designee will in-service the material for anyone on the schedule that has yet to be in-serviced.<br><br>Date: 2/23/2023<br><br>Person(s) Responsible: Administrator and Director of Nursing<br><br>Action 3:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | On 2/20/2023 the Clinical Company Leaders, Regional Resource Nurse-J, and/or designee completed foley catheter rounds to ensure all foley catheters are in good condition and changed those that were needed.<br><br>All residents' orders with indwelling catheters were reviewed by Clinical Company Leaders, Regional Resource Nurse-J, and/or designee. Clinical Company Leaders, Regional Resource Nurse-J, and/or designee validated the foley/suprapubic catheter order set was entered in the resident's chart. No additional identified areas of concern on 2/20/2023.<br><br>Date: 2/22/2023<br><br>Person(s) Responsible: Clinical Company Leaders, Regional Resource Nurse-J, and/or designee<br><br>Action 4:<br><br>Three times a week Director of Nursing will complete random audits on foley catheters and foley catheter documentation for 4 weeks. Director of Nursing will share findings with administrator and educate staff/perform a skills check off as needed.<br><br>Date: 2/22/2023<br><br>Person(s) Responsible: Director of Nursing and Administrator<br><br>Action 5:<br><br>Ad Hoc QAPI meeting performed with administrator, DON, corporate team and Medical Director.<br><br>Date: 2/22/2023<br><br>Person(s) Responsible: Administrator<br><br>Monitoring of facilities Plan of Removal through observations, interviews, and record reviews from 02/23/2023 at 7:58pm to 02/24/2023 at 6:48pm revealed:<br><br>Resident #1 was transferred to local acute care hospital for further evaluation on 02/19/2023.<br><br>Facility provided documentation of completion of foley catheter rounds ; and Ad Hoc QAPI meeting performed.<br><br>Interviews on from 02/23/2023 at 7:58pm to 02/24/2023 at 6:48pm with 5 CNAs, 2 TNAs, and 1 Hospitality aide revealed they had been educated on foley catheters and communication.<br><br>Interviews on from 02/23/2023 at 7:58pm to 02/24/2023 at 6:48pm with 7 nurses revealed they had been educated foley catheter care and communication<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0690<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | The Interim Administrator, Corporate Survey Resource Personnel, Corporate Regional [NAME] President of Operations, and two (2) Corporate Clinical Company Leader RNs were informed the Immediate Jeopardy was removed on 02/24/2023 at 6:48pm. The facility remained out of compliance at a severity level of actual harm that is not immediate and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on observation, interview, and record review, the facility failed to ensure an acceptable parameter of nutritional status was maintained for 1 of 4 residents (Resident #645) who were reviewed for nutritional status, in that:<br><br>1. Resident #645 had a significant weight loss of 14 pounds, a 9.52% loss, in a six (6) day period.<br><br>2. Resident #645's physician was not notified of the weight loss, and no nutritional interventions were implemented as a result.<br><br>This failure could place the resident at risk for compromised nutritional and health status and continued weight loss.<br><br>The findings included:<br><br>Review of Resident #645's Face Sheet, dated 2/23/23, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included: systemic lupus erythematosus (autoimmune disease where the body attacks itself); gastro-esophageal reflux disease without esophagitis (heartburn that burns the throat); rheumatoid arthritis, unspecified (autoimmune arthritis that affects the joints); essential (primary) hypertension (high blood pressure); heart failure, unspecified (failure of the heart to function properly); venous insufficiency (poor circulation of extremities); pain, unspecified; and generalized anxiety disorder.<br><br>Review of Resident #645's weight history revealed a height of 64 inches and an initial recorded weight of 147. 4 pounds on 2/06/23, 147 pounds on 2/09/23, and 133 pounds on 2/15/23. The resident had a weight loss of 9.77% in 9 days and a weight loss of 9.52% in 6 days.<br><br>Review of Resident #645's Nutrition Assessment, dated 2/10/23, revealed a documented height of 64 inches and a weight of 147 pounds. The Registered Dietician documented the Resident able to eat independently, consumed 76-100% of meals, and was likely meeting estimated needs at that time. The Registered Dietician noted future weight loss was likely related to receiving hospice services, the resident was at risk for dehydration related to receiving Lasix (diuretic medication), and there were no weight changes since admission. The recommendation was to continue weekly admit weights with a goal to maintain weight at a 1-2% gain or loss. There were no further documented nutrition assessments or notes in the resident's electronic health record.<br><br>Review of Resident #645's current physician orders, dated 2/22/23, revealed an order dated 2/04/23 for a regular diet with regular texture with thin consistency fluids. There were no documented orders for nutritional supplements. The orders included an order dated 2/04/23 for Weight on admission and then weekly on Monday for 3 Weeks.<br><br>Review of the progress notes for Resident #645 on 2/23/23 revealed there was no documented evidence the resident's physician, representative, or the dietician had been notified regarding the resident's significant weight change.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident #645's Hospice medical record (paper chart) on 2/23/23 revealed there was no documented evidence the Hospice Physician or Hospice Nurse had addressed the resident's weight loss.<br><br>Review of Resident #645's Admission MDS Assessment, dated 2/13/23, revealed a BIMS had not been completed. The resident was assessed as having short-term and long-term memory problems, moderately impaired decision-making skills, required supervision while eating, was 64 inches tall and weighed 147 pounds, and did not receive a therapeutic diet or mechanically altered diet.<br><br>Review of Resident #645's comprehensive care plan, dated 2/07/23, revealed it addressed ADLs with the resident performing the task of eating meals three times daily and a bedtime snack at her highest practicable level, and nutritional status with a goal to maintain stable weight and approaches to record meal percentages and weigh monthly.<br><br>Observation on 2/19/23 at 12:53 PM revealed Resident #645 was seated in the armchair in her room and was being fed the lunch meal by the Assistant Administrator. Resident #645 was served a regular diet consisting of chili, cornbread, Mexican style corn, and peach parfait for dessert. She was served 2 glasses with iced tea of thin consistency. Resident #645 drank 1 glass of iced tea and ate almost 100% of her meal with the staff member's assistance.<br><br>In an interview on 2/18/23 at 10:27 AM, the family members of Resident #645 stated the resident had end-stage lupus and was more confused now. The family members stated Resident #645 was in the hospital and came to the facility about two weeks ago and was receiving Hospice care services. The family members stated the facility seemed to be short staffed. They stated they had arrived one evening to visit about one week ago and there was food all over the floor in the resident's room. They stated the food was from the lunch meal. The family stated Resident #645 fed herself and her hand was not too steady. They stated she spilled food while trying to eat.<br><br>In a telephone interview on 2/20/23 at 11:56 AM, Resident #645's representative voiced concern that the resident no longer knew how to feed herself, needed assistance to eat and was not being fed by staff. She stated she thought the resident had lost weight.<br><br>In an observation and interview on 2/22/23 at 12:32 PM, charge nurse LVN-P was feeding Resident #645 the lunch meal in her room. The meal included roast beef with brown gray and sliced carrots. LVN-P stated the resident really did need assistance to eat and needed to be fed. Resident #645 picked up the remote control to the television and tried to put it in her mouth and LVN-P stopped her. The LVN stated Resident #645 was eating well today.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 2/23/23 at 12:15 PM, the MDS-LVN stated she did not have a specific date as to when significant weight losses were identified. She stated the Corporate Regional Resource Nurse-J had notified all the residents' responsible parties and physicians regarding residents' significant weight loss and had documented a progress note in the residents' electronic health records. She stated there were 26 residents that would have significant change in condition MDS assessments completed due to weight loss, and Resident #645 was on the resident list for significant weight loss. She stated the resident's significant weight loss was identified on the day when the survey team brought resident weight losses to the facility's attention. MDS-LVN stated Resident #645's Significant Change MDS Assessment was dated 2/20/23 (Monday) and was still in the process of being completed. Advised MDS-LVN that review of Resident #645's electronic health record progress notes revealed no documentation the resident's responsible party or physician had been notified regarding the resident's weight loss. MDS-LVN stated the Corporate Regional Resource Nurse-J may have documented notification in the residents' progress notes prior to Resident #645 being identified as having had a weight loss.<br><br>In an interview on 2/23/23 at 2:22 PM, the Corporate Survey Resource Personnel-L stated she was not sure when residents' significant weight losses were identified. She stated the responsible party, physician, and dietician were supposed to be notified.<br><br>In an interview and record review on 2/23/23 at 1:30 PM, the Corporate Clinical Resource Nurse provided a copy of the facility's policy and procedure for weight loss. The policy was entitled Nutrition Interventions to Avoid Weight Loss and Dehydration During COVID-19. The Corporate Clinical Resource Nurse stated that was the only policy she could find for weight loss and nutrition.<br><br>In an interview and record review on 2/23/23 at 4:00 PM, the Corporate Clinical Resource Nurse provided a copy of Resident #645's meal intake report. The report was titled Vitals Report dated 9/23/2022 - 2/23/2023 and only listed the dates and the meals served - breakfast, lunch, dinner, and bedtime snack - and did not document the percentage of the meal intake. The Corporate Clinical Resource Nurse stated the report was all she was able to access, and it was all they had.<br><br>Review of Resident #645's Vitals Report for meals, dated 9/23/22 - 2/23/23, revealed the first meal recorded was the dinner meal and a bedtime snack on 2/07/23 and the most recent meal recorded was breakfast on 2/16/23. The meal intake percentages were not recorded.<br><br>There were no meals documented as follow:<br><br>- 2/04/23 through 2/06/23: no meals;<br><br>- 2/07/23: no breakfast or lunch;<br><br>- 2/08/23: no breakfast or lunch;<br><br>- 2/09/23: no meals;<br><br>- 2/10/23: no breakfast or lunch;<br><br>- 2/12/23: no dinner;<br><br>- 2/14/23: no meals;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - 2/15/23: no meals;<br><br>- 2/16/23: no lunch or dinner;<br><br>- 2/17/23 through 2/23/23: no meals.<br><br>Review of the facility's policy and procedure for Nutrition Interventions to Avoid Weight Loss and Dehydration During COVID-19, dated as revised 4/10/20, revealed the following [in part]:<br><br>Policy:<br><br>The facility is committed to assisting residents in maintaining and maximizing their nutritional status during the COVID-19 pandemic and non-communal dining restrictions. Residents eating in their rooms may have decreased intake due to lack of socialization and visits from family .<br><br>Procedures:<br><br>1. Nursing and hospitality staff members will accurately monitor resident oral intake at meals and document in the medical record. Residents noted to have intake 50% or less for 3 days will be flagged for staff review .<br><br>2. Food first will be used to meet the needs of residents with weight loss, poor intake or increased nutrient needs whenever possible. Staff should obtain new food preferences from the resident and alert the dietary manager of new requests to update the tray ticket. For residents with fair to good intake, staff is to provide additional calories using high-calorie, high-protein foods at meal times .<br><br>5. Use of fortified foods at each meal should be sued to provide additional calories and protein for residents unable to meet estimated calorie and/or protein needs with current intake. Increasing the number and types of fortified foods may result in greater acceptance of fortified foods .<br><br>6. Nursing and hospitality staff should ensure that all residents are receiving adequate fluid intake each day .<br><br>10. All nutritional supplements will be ordered by the physician and placed on the Medication Administration Record (MAR). The percent intake of supplements will be recorded on the MAR. Nursing will note any resident refusing supplements for three days and alert the facility RDN that an alternate plan of care needs to be created. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41653<br><br>Based on observations, interview, and record review the facility failed to ensure that 3(Residents #2, #10, and #13) of 9 residents reviewed for respiratory care were provided care consistent with professional standards of practice in that:<br><br>Resident #2, #10, #13, and did not have their small volume nebulizer mask or mouthpiece bagged when not in use.<br><br>This deficient practice could place residents who received oxygen and treatments at risk of respiratory infection.<br><br>Findings include:<br><br>Resident #2<br><br>Review of Resident #2's Admission Record, dated 02/23/23, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses Alzheimer's disease, muscle weakness, dysphasia (difficulty swallowing), and acute respiratory infection.<br><br>Review of Resident #2's quarterly MDS Assessment, dated 12/22/22 revealed she had ordered respiratory therapy treatments.<br><br>Review of Resident #2's Progressive Notes, 02/23/23, revealed resident is being monitored for active infection. Transmission precautions in place.<br><br>Review of Physician Orders dated 08/16/2022 revealed ipratroprium-bromide 0.5 mg (3ml) normal saline one ampule as needed.<br><br>During observation on 02/19/2023 at 7:20 AM (medication observation) RN-V was taking glucometer checks with resident who were diabetic (inability to produce sufficient insulin for blood sugars), Resident #2 was the roommate of the resident being checked for blood sugars. Resident #2 had a nebulizer set up which included nebulizer cup and mask uncovered laying on Resident #2's personal refrigerator. Small amount of medication remained in the bottom of the nebulizer cup.<br><br>Resident #10<br><br>Review of Resident #10's Admission Record, dated 02/23/23, revealed he was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included unspecific lower respiratory tract infection, hypokalemia (low potassium in blood) nausea vomiting diarrhea, muscle weakness and Parkinson's disease.<br><br>Review of Resident #10's quarterly MDS dated [DATE] revealed she had a BIMS of 15 indicating she was cognitively intact and able to make her needs known.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #10's care plan, updated 12/28/22, revealed: Focus: In effective breathing due to Parkinson's disease. Approach: Administer oxygen at 2 liters a minuet via nasal cannula. Interventions/Tasks: Bronchodilators via nebulizer as ordered by physician.<br><br>Review of Physician Orders dated 12/13/2022 revealed ipratroprium-bromide 0.5 mg (3ml) (bronchodilator-medication that opens the airways) normal saline every 4 hours as needed for shortness of breath. Continuous oxygen at 2 liters per nasal cannula. Oxygen tubing to be changed weekly on Sundays<br><br>During an observation on 02/23/2023 at 4:00 PM Resident #10's nebulizer and mask was laying on top of the compressor that drives the device to nebulize the medication to inhale; uncovered with small amounts of medication remaining in the bottom of the medication cup in the nebulizer device.<br><br>During an interview on 02/23/2023 at 4:05 PM Resident #10 said she often puts the nebulizer and mask on the bed beside her until the nurse or aide comes and put it up. When it was revealed, the nebulizer was not in the bag she said she thought it should be. Resident #10 said the nurse will put the nebulizer back in the bag when is thinks about it or when it is time for the next breathing treatment.<br><br>Resident #13<br><br>Review of Resident #13's Admission Record, dated 02/23/23, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses Alzheimer's disease, muscle weakness, dysphasia, and seasonal allergies.<br><br>Review of Resident #13's quarterly MDS dated [DATE] revealed she required oxygen therapy - no days using nebulizer beathing therapy.<br><br>Review of Resident #13's Care Plan dated 05/04/2022 revealed the following: Problem: Resident required oxygen during sleep disorder. Goal: Resident will not exhibit signs of hypoxia (low oxygen in blood)<br><br>During observation on 02/19/2023 at 7:40 AM (medication observation) RN-V was taking glucometer checks with resident who were diabetic, and Resident #13 was the roommate of the resident being checked for blood sugars. Resident #13 had a nebulizer set up with mouthpiece uncovered with a bag missing, laying on top of Resident #13's walker.<br><br>During interview on 02/19/2023 at 7:50 AM RN-V said she only check blood sugars and gives insulin, the medication nurse was responsible for making sure the nebulizers are put up. She said she is the charge nurse on Station 1 but did not reveal her knowledge regarding how or when nebulizers should be stored.<br><br>Review of website https://www.orovillehospital.com/ dated 02/28/2023 revealed the defines the responsibility of the Charge Nurse: The Charge Nurse is responsible for the smooth and efficient patient flow within the clinic. Delegates assignments and provides supervision for the support staff in accordance with their level of training and the patient's acuity. Works, in cooperation with medical providers to ensure the quality of patient care<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an Interview on 02/23/2023 at 2:05 PM the Corporate Survey Resource Personnel-L stated her expectation were that nebulizers should be bagged when not in use.<br><br>Review of facility's policy titled; Oxygen Administration dated October 2006 revealed the following:<br><br>Documentation:<br><br>1. Date and time procedure was performed.<br><br>Review website https://www.ncbi.nlm.nih.gov viewed on 02/28/2023 revealed the following regarding maintaining infection control related to small volume nebulizers.<br><br>o Clean and disinfect the nebulizer accessories using liquid/hospital-grade disinfectants such as isopropanol (70%) or hydrogen peroxide (3%)[38]<br><br>o Cleaning and disinfection of common areas and surfaces (doorknobs, bedrails, table-tops, light switches, and patient handsets) should also be taken care of[37,39]<br><br>o Hospital-grade cleaning and disinfecting agents are recommended for all horizontal and frequently touched surfaces? |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0712<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that the resident and his/her doctor meet face-to-face at all required visits.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41653<br><br>Based on interviews and record reviews, the facility failed to ensure residents were seen by a physician at least every 60 days for 5 of 7 (Resident # 3, 11, 41, 49, 51) reviewed for physician visits.<br><br>The facility failed to have Resident #3 seen by a physician since 12/04/22.<br><br>The facility failed to have Resident #11 seen by a physician since 12/04/22.<br><br>The facility failed to have Resident #41 seen by a physician since 11/11/22.<br><br>The facility failed to have Resident #49 seen by a physician since 12/03/22.<br><br>The facility failed to have Resident #51 seen by a physician since 12/03/22.<br><br>These failures placed residents at risk of a decline in health status or untreated conditions.<br><br>Findings included:<br><br>Record Review of Resident #3 Quarterly MDS dated [DATE] revealed: A [AGE] year-old male with an admitted [DATE]. He had an active diagnosis list that included: Cerebral Infarction (Primary), CAD, CHF, HTN, PVD, Stroke, Hemiparesis.<br><br>Record Review of List of Resident Last Primary Physician Visit printed 02/23/23 revealed: Resident #3 was last seen by the Primary Physician on 12/04/22.<br><br>Record Review of Resident #11 Quarterly MDS dated [DATE] revealed: A [AGE] year-old male with an admitted [DATE]. He had an active diagnosis list that included: Schizoaffective disorder, Manic type (Primary), Anemia, Diabetes Melitus, Dementia, Malnutrition, COPD.<br><br>Record Review of List of Resident Last Primary Physician Visit printed 02/23/23 revealed: Resident #11 was last seen by the Primary Physician on 12/04/22.<br><br>Record Review of Resident #41 Annual MDS dated [DATE] revealed: A [AGE] year-old female with an admitted [DATE]. She had an active diagnosis list that included: Type II Diabetes Melitus (Primary), HTN, GERD, Neurogenic bladder, Hyperlipidemia, Thyroid disorder, Dementia, Anxiety disorder, Depression, Schizophrenia, PTSD, Colostomy status.<br><br>Record Review of List of Resident Last Primary Physician Visit printed 02/23/23 revealed: Resident #41 was last seen by the Primary Physician was 11/11/22.<br><br>Record Review of Resident #49 Quarterly MDS dated [DATE] revealed: A [AGE] year-old male with an admitted [DATE]. He had an active diagnosis list that included: Cancer (unspecified), CHF, HTN, Hyperlipidemia, Stroke, Dementia, COPD, Colostomy status.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0712<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record Review of List of Resident Last Primary Physician Visit printed 02/23/23 revealed: Resident #49 was last seen by the Primary Physician on 12/03/22.<br><br>Record Review of Resident #51 Quarterly MDS dated [DATE] revealed: A [AGE] year-old female with an admitted [DATE]. She had an active diagnosis list that included: Chronic respiratory failure with hypoxia (Primary), HTN, Diabetes Melitus, Depression, Morbid obesity, Chronic atrial fibrillation.<br><br>Record Review of List of Resident Last Primary Physician Visit printed 02/23/23 revealed: Resident #51 was last seen by the Primary Physician on 12/03/22.<br><br>During an interview on 02/24/23 at 10:30AM, ADM said she could not find any other information to indicate that the residents had been seen by their primary physician any more recently than her list provided. She said she was aware that regulation stated that a resident needed to be seen by their primary physician at a minimum of every 60 days. ADM said that the scheduling and/or tracking of physician visits would be something that the DON would keep track of and felt that the failure in the physician visits was due to the recent changes of old and new DON's. The current DON had only been in the facility for approximately a week at that point. She said it could be a task to have for ADON's in the absence of a DON, however, they had recent changes with ADON staff as well. ADM said she did not understand why the physician had not seen the identified residents in so long, as he was usually in the facility every 2 weeks.<br><br>During an interview on 02/24/23 at 6:45PM, ADM said she had no additional evidence to provide.<br><br>Record Review of Facility Policy labeled Attending Physician Responsibilities last revised 10/21 revealed: the attending physician will visit residents in a timely fashion, consistent with applicable state and federal requirement, and depending on the individual's medical stability, recent and previous medical history, and the presence of medical conditions or problems that cannot be handled readily by phone. The visit schedule will be at least every 30 days for the first 90 days after admission, and then at least every 60 days thereafter. The physician will maintain progress notes that cover pertinent aspects of a residence medical condition and his or her current status and goals. Periodically Cortana the physician's documentation should indicate review and acknowledgement of a resident's program of care. The review should be extensive enough to ensure that the current approach overall is consistent with the individual's medical conditions, goals, prognosis, and wishes. During visits, the attending physician will determine each resident's overall condition and the status of specific medical issues by seeing and evaluating the individual, speaking with staff (as needed) and (as indicated) with responsible parties/families, and reviewing relevant information. At the time of the visit, the physician will respond to questions and concerns such as the status of medical issues (including any acute episodes of illness since the last visit), diagnostic test results, impact of medical condition on the individuals functional, physical, or cognitive status, and continued relevance of current medications and treatment. At each visit, the attending physician will provide a progress note (written, typed, or electronic) in a timely manner for placement in the medical record. The note should either be written or entered at the time of the visit or, if dictated or otherwise prepared after the visit, should be returned to the Center for placement on the chart within a week. Overtime, these progress notes should address significant active problems and risk factors, reasons for changing or maintaining current treatments or medications, and an evaluation of how medical treatments related to the individual's overall function and quality of life.<br><br>? |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on observation, interview, and record review, the facility failed to have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing care to attain or maintain the highest practicable physical, mental, and psychosocial well-being for # of # Residents reviewed for sufficient staffing.<br><br>1. The facility failed to ensure there was sufficient staffing for 02/17/2023 6:00pm-6:00am shift with a facility census of 91 residents where 4 residents were total dependent on transfers.<br><br>2. The Assistant Administrator was assisting Resident #645 to eat lunch meal in her room. The Assistant Administrator had no training on assisting resident with eating.<br><br>These failures could place residents at risk of not receiving care and services to meet their needs<br><br>Findings include:<br><br>Review of facility times sheets for 02/17/2023 revealed only two staff (CNA-AG and LVN-AC) were the only staff working in the facility with census of 91 residents where 4 residents were total dependent on transfers from 6:00 PM until 6:00 AM.<br><br>Review of Resident #645's Face Sheet, dated 2/23/23, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included: systemic lupus erythematosus (autoimmune disease where the body attacks itself); gastro-esophageal reflux disease without esophagitis (heartburn that burns the throat); rheumatoid arthritis, unspecified (autoimmune arthritis that affects the joints); essential (primary) hypertension (high blood pressure); heart failure, unspecified (failure of the heart to function properly); venous insufficiency (poor circulation of extremities); pain, unspecified; and generalized anxiety disorder.<br><br>Review of Resident #645's Admission MDS Assessment, dated 2/13/23, revealed a BIMS had not been completed. The resident was assessed as having short-term and long-term memory problems, moderately impaired decision-making skills, required supervision while eating, was 64 inches tall and weighed 147 pounds, and did not receive a therapeutic diet or mechanically altered diet.<br><br>Review of Resident #645's current physician orders, dated 2/22/23, revealed an order dated 2/04/23 for a regular diet with regular texture with thin consistency fluids.<br><br>In an interview on 2/18/23 at 10:27 AM, the family members of Resident #645 stated the facility seemed to be short staffed. They stated they had arrived one evening to visit about one week ago and there was food all over the floor in the resident's room. They stated the food was from the lunch meal. The family stated Resident #645 fed herself and her hand was not too steady. They stated she spilled food while trying to eat.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Observation on 2/19/23 at 12:53 PM revealed Resident #645 was seated in the armchair in her room and was being fed the lunch meal by the Assistant Administrator. Resident #645 was served a regular diet consisting of chili, cornbread, Mexican style corn, and peach parfait for dessert. She was served 2 glasses with iced tea of thin consistency. Resident #645 drank 1 glass of iced tea and ate almost 100% of her meal with the Assistant Administrator's assistance.<br><br>In an interview on 2/22/23 at 9:45 AM, the Assistant Administrator stated she had not ever been a C.N.A. When asked if she had fed Resident #645 at times other than on Sunday 2/19/23 at lunch time, she stated no, she had not fed Resident #645 before that meal, but she had fed other residents. When asked about the other residents she had fed, the Assistant Administrator stated she had probably fed 5 other residents off and on over the course of the year she had worked in the facility. She stated she usually just helped pass meal trays. She stated she helped Resident #645 eat the lunch meal on 2/19/23 because they needed aides. When asked if she had ever been trained to feed residents and been evaluated with a skills test or if she had taken a paid feeding assistant course, she stated no, I have not. The Assistant Administrator inquired how she could be trained to assist residents with eating and asked if it could be done by computer-based training or by the DON.<br><br>In an interview on 2/23/23 at 9:22 AM, RN Corporate Clinical Company Leader-H stated the facility did not use paid feeding assistants. When asked how the facility trained staff to assist residents to eat or with feeding, she stated the CNAs were taught that during nurse aide training. When asked how non-nursing staff and office staff were trained for assisting residents with eating or feeding, RN Corporate Clinical Company Leader-H stated other staff should not be feeding residents. When asked if the facility had a policy and procedure for staff assistance with resident eating and feeding, she stated she would look for a policy and procedure.<br><br>In an interview on 02/23/23 at 10:00am, the DON stated that non-nursing staff should not assist residents with eating unless they have been trained.<br><br>During an interview at 02/18/2023 at 11:35am, Resident #90 stated that it takes forever for someone to respond to a call light. She stated the nursing staff never explain the delay in answering.<br><br>During observation and interview on 02/18/2023 at 12:14pm, Resident #13's call light was activated at 11:25am while surveyor was in the room interviewing her. Nursing staff did not answer the activated call light until 12:14pm, total of 49 minutes, while surveyor was still in the room. Resident #13 stated that staff do not care about the residents and the call lights.<br><br>Resident #79<br><br>Review of Resident #79's electronic Face Sheet dated revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis, pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus, major depressive disorder, dependence on renal dialysis, dependence on supplemental oxygen, chronic atrial fibrillation, Methicillin resistant Staphylococcus aureus, and Type 2 diabetes mellitus.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Review of Resident #79's Admission Assessment MDS dated [DATE] revealed that he scored 15 on his mental status exam indicating that he was cognitively intact. He required extensive or total dependence on staff for all ADLs except for eating, for which he only required setup. He used a wheelchair for mobility. He was always incontinent of bowel and bladder.<br><br>During an interview on 02/18/2023 at 3:30pm, Resident #79 stated there was not enough manpower in the facility. He stated that during the night shift on 02/17/2023, the facility was only staffed with two people. He stated he turned on his call light at 6:30pm for assistance to change incontinent brief and it was 12:30 AM before the staff got around to it. He said the staff came in a couple of times to tell him that they were busy and had to wait for help and they would be back as soon as they could. He stated that was not the first time that had happened. He stated he hasn't found any staff that don't want to help him, they just can't because there aren't enough of them. He believes it is because of poor management. He stated that call lights never get answered quickly. He stated he has only had 2 showers since he has been here, everything else had been quick bed baths because the staff tell him they don't have enough people to do proper showers.<br><br>During an interview and observation on 02/19/2023 at 1:27pm, Resident #51 stated she activated her call light at 12:15pm because she spilled tea on her bed shortly after getting her lunch tray. She stated that several people had come in to ask what she needed and said they would go get help and never returned. Staff was observed answering the light at 12:57 PM, leaving the room then returning at 1:08 PM with 3 other staff members to assist in changing her linens and cleaning her up. She stated that her indwelling catheter tubing and bag were leaking on 02/16/2023. She stated she reported to the day shift nurse who just placed a towel under the leaking bag. She stated it was not changed until 02/18/2023. She stated that since she has been placed on Hospice, she felt as if the facility staff were somewhat letting my care slide. She stated if it wasn't for Hospice nursing staff, she would not be bathed. She stated she has to contact Hospice nursing staff for issues for constipation.<br><br>During an interview 02/19/2023 at 2:55pm, Interim Administrator stated she was aware of the facility concerns with providing staff for the facility. She stated the concern had been going from way back. She stated the facility had a big turnover in administration and she believed this contributed to the staffing concern. She stated she had a meeting every week with corporate to discuss the staffing concerns and several things have been put into place to attempt to correct the concern, including placing ads, offering sign on bonuses, etc. She stated that compensation was also a concern because the staff could make more money if worked at the hospital. She stated the facility was short staffed, especially on the weekends. She stated it was specifically every other weekend that they do not have staffing coverage. She stated they used agency staff, when they show up, or pull from facility administrative staff to provide coverage. She stated it was possible for major incidents to be attributed to the staffing shortage.<br><br>In an interview on 2/20/23 at 1:47 PM TNA-W stated the facility was always short staffed. TNA-W stated that Administration knows that we are short staffed and say they try to get us extra help, but we don't really know if they do or how they do it.<br><br>During an interview on 02/20/2023 at 4:34 pm, RN-V stated the facility was short staffed on 02/19/2023 and she was behind on her nursing tasks. She stated the facility is often short staffed or without staff.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an interview on 02/22/2023 at 1:02pm, MDS-LVN stated she was the only nurse in the facility completing MDS Assessments. She stated that the workload was very heavy, and it was easy to miss things on the assessments. She stated that the other MDS-RN completes some care plans but has no MDS experience, so it falls on the MDS-LVN to complete.<br><br>During an interview on 02/22/2023 at 6:30 pm, TNA-W stated the facility is routinely short-staffed. She stated that she had expressed her concerns with administration including the Corporate Regional Resource Nurse-J. She stated that she is just told they are working on getting staff.<br><br>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:<br><br>Station 1: Days (6:00am to 6:00pm)<br><br>LVN/RN Days = 1<br><br>Med Aide Day = 1<br><br>CNAs = 4<br><br>Station 2: Days (6:00am to 6:00pm)<br><br>LVN/RN Days = 2<br><br>CNAs = 6<br><br>Station 1: Nights (6:00pm to 6:00am)<br><br>LVN/RN Days = 1<br><br>Med Aide Day = 1<br><br>CNAs = 2<br><br>Station 2: Days (6:00am to 6:00pm)<br><br>LVN/RN Days = 2<br><br>CNAs = 4<br><br>We will review censes and add or cancel staff as census and needs increase.<br><br>41653<br><br>41871<br><br>45411 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.<br><br>41653<br><br>Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week, for 10 of 12 months (January, March, April, May- August, October-December 2022) reviewed for RN coverage 60 days between 01/2022 to 12/2022.<br><br>The facility failed to ensure a RN coverage for 8 consecutive hours for 60 days between 01/2022 to 12/2022.<br><br>These failures could place all residents at risk of care and clinical needs not being met.<br><br>Findings include:<br><br>Record review of Facility's RN coverage reporting system (PBJ) reviewed between 01/01/2022 to 12/31/2023 revealed no evidence of RN coverage for 60 of 365 days:<br><br>1. *1/1/2022 with no RN coverage<br><br>2. *1/2/2022 with no RN coverage<br><br>3. *1/8/2022 with no RN coverage<br><br>4. *1/9/2022 with no RN coverage<br><br>5. *3/27/2022 with no RN coverage<br><br>6. *4/9/2022 with no RN coverage<br><br>7. *4/10/2022 with no RN coverage<br><br>8. *4/23/2022 with no RN coverage<br><br>9. *4/24/2022 with no RN coverage<br><br>10. *5/7/2022 with no RN coverage<br><br>11. *5/8/2022 with no RN coverage<br><br>12. *5/14/2022 with no RN coverage<br><br>13. *5/15/2022 with no RN coverage<br><br>14. *5/21/2022 with no RN coverage<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 15. *5/22/2022 with no RN coverage<br>16. *6/4/2022 with no RN coverage<br>17. *6/5/2022 with no RN coverage<br>18. *6/18/2022 with no RN coverage<br>19. *6/19/2022 with no RN coverage<br>20. *7/1/2022 with no RN coverage<br>21. *7/2/2022 with no RN coverage<br>22. *7/3/2022 with no RN coverage<br>23. *7/16/2022 with no RN coverage<br>24. *7/17/2022 with no RN coverage<br>25. *7/22/2022 with no RN coverage<br>26. *7/23/2022 with no RN coverage<br>27. *7/24/2022 with no RN coverage<br>28. *7/31/2022 with no RN coverage<br>29. *7/30/2022 with no RN coverage<br>30. *8/6/2022 with no RN coverage<br>31. *8/7/2022 with no RN coverage<br>32. *8/13/2022 with no RN coverage<br>33. *8/14/2022 with no RN coverage<br>34. *10/8/2022 with no RN coverage<br>35. *10/09/2022 with no RN coverage<br>36. *10/15/2022 with no RN coverage<br>37. *10/16/2022 with no RN coverage<br>38. *10/27/2022 with no RN coverage<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 39. *10/28/2022 with no RN coverage<br>40. *11/10/2022 with no RN coverage<br>41. *11/11/2022 with no RN coverage<br>42. *11/19/2022 with no RN coverage<br>43. *11/20/2022 with no RN coverage<br>44. *11/21/2022 with no RN coverage<br>45. *11/24/2022 with no RN coverage<br>46. *11/25/2022 with no RN coverage<br>47. *11/29/2022 with no RN coverage<br>48. *12/3/2022 with no RN coverage<br>49. *12/4/2022 with no RN coverage<br>50. *12/5/2022 with no RN coverage<br>51. *12/8/2022 with no RN coverage<br>52. *12/9/2022 with no RN coverage<br>53. *12/13/2022 with no RN coverage<br>54. *12/14/2022 with no RN coverage<br>55. *12/17/2022 with no RN coverage<br>56. *12/18/2022 with no RN coverage<br>57. *12/19/2022 with no RN coverage<br>58. *12/22/2022 with no RN coverage<br>59. *12/27/2022 with no RN coverage, and<br>60. *12/31/2022 with no RN coverage<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/24/23 at 01:46 PM, the Admin stated, the negative effects for no RN coverage were that the residents may not have gotten good care deserved and needed. She stated herself (Admin) and the DON should monitor the staff they need with coverage. The failures, she felt were due to the turnover of staff which were excessive. Her expectations for RN coverage were for the facility to have good care for the residents in all staffing and care areas .<br><br>During an interview on 02/24/23 at 02:00 PM, the DON stated the reasoning for having RN's were to have higher levels of skills and recourse for residents with the care needed. She added, she could not state why there was a failure being she was new to this position and facility, but guessed it was most likely due to staff overturn. The DON stated RN's were very important to have on staff for assessing resident's needs. The negative impact to residents, if a serious change of condition were not to be acted on immediately, it could have serious outcomes. She felt the failure were not having made working staff schedules, or on call staff available. Her expectations were for the DON and Admin to monitor RN coverage appropriately seeing fit where needed.<br><br>During exit conference on 02/24/2023 at 7:00pm, the facility administration could did not provide evidence of policies or procedures regarding utilization of RNs for 8 consecutive hours a day/7 days a week.<br><br>44728 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35675<br><br>41653<br><br>41871<br><br>41944<br><br>Based on observation, interview, and record review the facility failed to have enough qualified staff to provide adequate care for residents with mental and psychosocial disorders for 13 of 13 residents (Resident #6, Resident #9, Resident #15, Resident #36, Resident #38, Resident #40, Resident #43, Resident #53, Resident #57, Resident #74, Resident #83, Resident #88, and Resident #199) reviewed for staffing behavioral health needs.<br><br>1. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #43, Resident #53 and Resident #74 to prevent a resident-to-resident physical altercation that led to injuries that required treatment of Resident #43 and Resident #53 on 12/03/22.<br><br>2. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #40 and Resident #53 to prevent a resident-to-resident physical altercation that led to an injury that required treatment of Resident #40 on 12/21/22.<br><br>3. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #9 and Resident #53 to prevent a resident-to-resident physical altercation that led that required treatment to an injury of Resident #9 on 12/21/22.<br><br>4. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #6 and Resident #40 to prevent a resident-to-resident physical altercation that led to an injury that required medical treatment of Resident #40 on 01/01/23.<br><br>5. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residentson Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #40, Resident #53 and Resident #74 to prevent a resident-to-resident physical altercation that led to an injury that required treatment of Resident #53 on 01/26/23.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 6. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 2 (men secured locked unit) to meet the needs of Resident #57 and Resident #83 to prevent a resident-to-resident physical altercation that led to an injury that required treatment of Resident #57 on 01/06/23.<br><br>7. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 2 (men secured locked unit) to meet the needs of Resident #57 and Resident #88 to prevent a resident-to-resident physical altercation that led to an injury that required treatment of Resident #57 on 02/04/23.<br><br>8. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 2 (men secured locked unit) to meet the needs of Resident #38 and Resident #199 to prevent a resident-to-resident physical altercation that led that required treatment to an injury of Resident #38 on 01/22/23.<br><br>9. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #15 and Resident #53 to prevent a resident-to-resident physical altercation on 11/26/22.<br><br>10. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #36 and Resident #40 to prevent a resident-to-resident physical altercation on 12/04/22.<br><br>11. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station 2/Hall 6 (women secured locked unit) to meet the needs of Resident #40 and Resident #74 to prevent a resident-to-resident physical altercation on 12/06/22.<br><br>12. The facility failed to ensure there was sufficient staffing with necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on Station /Hall 6 (women secured locked unit) to meet the needs of Resident #6 and Resident #53 to prevent a resident-to-resident physical altercation on 12/20/22.<br><br>13. The facility failed to ensure there was sufficient staffingwith necessary competencies to maintain safety and highest practicable physical, mental and psychosocial well being for residents on . on Hall 200/Unit 2 (women secured locked unit) to meet the needs of Resident #6 to prevent her from eating Styrofoam during lunch on 02/18/23. Resident #6 had a history of ingesting inedible objects.<br><br>An IJ was identified on 02/22/2023. The IJ template was provided to the facility on [DATE] at 4:56pm While the IJ was removed on 02/24/2023, the facility remained out of compliance at a scope of pattern and a severity level of actual harm that is not immediate jeopardy because the facility needed to continue to evaluate the effectiveness of their corrective actions.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | These failures could place residents at risk for being provided care by staff who are not trained to care for resident with identified behavioral issues.<br><br>Findings include:<br><br>Record review of Facility assessment dated [DATE], Part 3, titled Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies revealed:<br><br>Staff: Licensed nurses: Station 2 (Station 2 has 6 halls): LVN/RN Days: 2 and Nights: 2 (12hour shifts). Direct Care Staff/CNAs: Station 2: Days 6, Nights 4 (12-hour shifts).<br><br>Station 2 Hall 6 (Women's Secured Unit)<br><br>In an observation on 02/14/23 at 11:00 am, Station 2 Hall 6 had 6 residents with known behaviors including 1 resident who required 1:1 supervision. One CNA was observed on the hall.<br><br>Station 2 Hall 1 (Men's Secured Unit)<br><br>In an observation on 02/14/23 at 11:47 am, Station 2 Hall 1 had 14 residents with known behaviors. 1 agency CNA, ADON, and LVN-T were observed on the hall.<br><br>In an interview on 02/14/23 at 11:00 am, CNA-E said she worked 6am to 6pm and worked 12 hours by herself on the women's secured unit, with 1 resident requiring 1:1 supervision. A staff member would come in every 2 hours to check on her. She said she did not feel safe working alone and was unable to prevent resident to resident altercations. CNA-E stated she had received training in the past for Alzheimer's/dementia but not for residents with aggressive behaviors.<br><br>In an interview on 02/14/23 at 11:47 am, LVN-T said the facility usually had 2 staff on the men's secured unit and 1 staff on the women's secured unit during the day shift. She floated between the 2 units but spent the majority of her time on the men's unit as that was where her desk as. She said 1 staff on the women's secured unit as not enough to protect the residents. She said staff was cut back from 2 staff to 1 staff on the women's unit about a month ago.<br><br>Resident #53<br><br>Record review of Resident #53's electronic face sheet, dated 02/23/23, revealed a [AGE] year-old female admitted to the facility on [DATE]. She was being housed on the women's secured unit (the average age of the residents was [AGE] years). Diagnosis included: anoxic brain damage; diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness; epilepsy and epileptic syndromes with seizures of localized onset; restlessness and agitation; post-traumatic stress disorder; repeated falls; muscle weakness (generalized); insomnia due to other mental disorder; major depressive disorder; anxiety disorder; dysphagia (difficulty in swallowing), altered mental status; pain; adult sexual abuse.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review of Resident #53's Quarterly MDS, dated [DATE], revealed the BIMS score was blank. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. None of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavior symptoms directed towards others - behavior of this type occurred 1 to 3 days, B. Verbal behaviors symptoms directed towards others - behavior not exhibited, C. Other behavioral symptoms not directed towards others - behavior of this type occurred 1 to 3 days. E0900: Wandering - 1 (Behavior of this type occurred 1 to 3 days). Section G: Functional Status. G0110. Activities of Daily Living Assistance: H. Eating: 3 (extensive assistance). G0120 Bathing: Self-Performance: 4 (Total dependence) G0300: Balance during transitions and walking: A. Moving from seated to standing position - 1 (not steady, but able to stabilize without human assistance). B. Walking (with assistive device is used) - 1 (Not steady, but able to stabilize without human assistance). Section P0100: Physical Restraints: Not used.<br><br>Record review of Resident #53's Care Plan, last edited on 02/13/23 revealed: Problem: I have periods of time where I am in constant motion/movement. Problem: I get frustrated because of my physical condition and may reach out to grab or hit others. Goal. To not hit other residents. Approach. Patient placed on 1:1 observation for at least 72 hours to prevent injury to others, will keep her separated from arms reach from other residents, put gloves on resident to prevent any injury if she reaches out. Problem: I have anxiety related to anoxic brain injury as evidence by I fidget constantly, grab at others, lick my hands and rub it on things and people, sit to stand frequently, stand up rapidly and attempt to walk with no regards to surroundings. Problem: Behavioral Symptoms - licking her hands and trying to touch others, invading others space, grabbing at others, sitting and or lying-in other residents' beds when they are not in them. Goal. Resident will have less than 5 bad outcomes due to grabbing at people and toward staff or other residents over the next 90 days. Approach: 15-minute checks, I will have increased supervision due to my behavior or grabbing at things and swinging my arms, I rest better with a quiet calm environment at night, Problem: Falls. Approach. Ordered an oversize bean bag for positioning.<br><br>Record review of Resident #53's transfer documentation packet, faxed on 04/19/2023 from previous facility revealed: resident required a locked facility that has more supervision and brain training support. On 04/21/22, Resident #53 was transferred from a sister facility requiring 1:1 supervision due to being threat to herself and others.<br><br>Record review of Nurse Practitioner progress note, dated 06/10/22, revealed Resident #53 was transferred from other facility due to not being able to continually provide the 1:1 care and attention that she requires.<br><br>Record review of Social Worker progress note, dated 09/12/22 at 5:27 pm, revealed: SW expressed to Family Member J, facility is not able to meet resident needs and SW will need to talk with Family Member J regarding plans to transition resident to another facility.<br><br>Record review of Social Worker progress note, dated 10/01/22 at 10:33 am, revealed: SW expressed to Family Member J, facility is not able to meet resident needs.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 1. Review of facility investigation on 12/03/22 at 3:53 pm, Resident #53 slapped the face of Resident #43, and Resident #74 retaliated. A record review of the Provider Investigation Report revealed Resident #43 was sitting in the recliner minding her own business and for no reason Resident #53 slapped Resident #43 in the face. This in turn upset Resident #74 who scratched Resident #53 on the arm. Resident #42 had slight redness noted to the left side of her face. Resident #53 had several scratch marks to her upper right arm. Resident #53 was placed on increased supervision with staff.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 4:39 am, revealed Resident #53 had multiple behaviors throughout the evening and night. Grabbing at residents. Attempting to remove snacks from other residents. Walking on knees and crawling on the floor. Attempting to hit and kick staff during care. Removing clothes and brief and walking down hall. Walks to exit door of secured unit 1 and slaps and then tries to open locked door. No documentation resident was on 1:1 supervision.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 3:53 pm, revealed Resident #53 hit another resident across the face. (Resident was not identified.)<br><br>Record review of Resident #53's progress note dated 12/03/22 at 5:46pm, revealed another resident was yelling get away, get away. Resident #53 hit another resident in the face and the other resident scratched at Resident #53's upper arm. Residents were separated. Resident #53 then went toward another resident and attempted to hit her, but the LVN intervened. (Other residents were not identified.)<br><br>Record review of Resident #53's progress note dated 12/03/22 at 6:05 pm, revealed Resident #53 was on 1:1 supervision.<br><br>Record review of Resident #53's progress note dated 12/03/22 at 6:43pm, LVN-T documented in Resident #53's progress notes per DON, resident to be 1:1. If no staff available to be 1:1 then resident can be on Q (every) 15-minute checks.<br><br>Record Review of Resident #53's progress note dated 12/03/22 at 10:15 pm, revealed Resident #53 was on 15-minute checks.<br><br>During an interview on 02/17/23 at 9:45 am, the Interim Administrator stated she could not provide documentation of who or how may staff were working on the women's secured unit at that time of the incident or documentation of 15-minute checks.<br><br>2. Review of facility investigation on 12/21/22 at 11:25 am, Resident #53 scratched Resident #9 on the forehead. A record review of the Provider Investigation Report revealed, Resident #9 was sitting in a chair when Resident #53 approached her and brushed Resident #9 on her forehead, causing a small 2cm X 1cm scratch. The facility stated Resident #53 did not intend to hurt Resident #9 as both residents were acting per their norm.<br><br>Record review of Resident #53's progress note, dated 12/21/22 at 5:35 am, revealed resident #53 had multiple behaviors throughout the shift, including crawling on the floor, pulling and trying to remove the keypad cover, attempting to open doors, removing pants and brief and walking naked in the hallway, pulling a sign off the door, grabbing at residents and attempting to take their snacks, refusing evening medications, and attempting to climb in bed with another resident. Resident received Diazepam 15mg and it was documented it was not effective.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review of Resident #53's progress notes, dated 12/21/22 at 12:09 pm, revealed Resident #53 scratched another resident in the face. Resident also attempted to grab and hit the nurse.<br><br>3. Review of facility investigation on 12/21/22 at 1:52 pm, Resident #53 reached out her arm causing a skin tear to Resident #9. A record review of the Provider Investigation Report revealed, Resident #53 was ambulating in the hallway and reached out grabbing Resident #9's arm causing a small 1cm X 2cm skin tear to her forearm. The facility stated it is normal for Resident #53 to reach out and grab objects and people within reach.<br><br>Record review of progress notes, dated 12/21/22 at 9:40 pm, revealed Resident #53 was non-stop agitated and should have been on 1:1 observation. Resident #53 scratched and pulled the hair of the LVN on duty. Upon discussion with the ADON, Resident #53 was to be monitored until further notice. Record review of progress notes revealed no documentation of resident being placed on 1:1 observation.<br><br>5. Review of facility investigation on 01/26/23 at 7:00 pm, Resident #53 made contact with Resident #40's face and Resident #74 retaliated. A record review of the Provider Investigation Report revealed, Resident #40 walked to close to Resident #53 who flailed her hands making contact with Resident #40's face. Resident #74 intervened and scratched Resident #53 on her elbow. The scratch was visible. Resident #53 was placed on 1:1 observation until she went to sleep.<br><br>Record review of Resident #53's progress note dated 01/26/23 at 7:00 pm revealed, an unknown resident was sitting in a chair watching TV when Resident #53 walked past the unknown resident and hit her on the jaw with a closed fist.<br><br>Record review of Resident #53's progress note dated 01/26/23 at 7:10 pm revealed, Resident #53 walked past resident #40 and attempted to slap her. Resident #74 grabbed Resident #53's right elbow causing a 1. 5cm X 0.5cm superficial scratch. Resident #53 was already currently on 1:1 monitoring.<br><br>9. Review of facility investigation on 11/26/22 at 4:00 pm, Resident #53 pulled the hair of Resident #15 and Resident #74 retaliated. A record review of the Provider Investigation Report revealed, Resident #74 was in the hallway when Resident #53 attempted to hit her, Resident #74 hit Resident #53 on the arm. Resident #15 was sitting at the dining room table and Resident #53 came up and pulled Resident #15's hair. Resident #53 was placed on 15-minute checks.<br><br>Record review of Resident #53's progress note dated 11/26/22 at 3:50 pm, revealed Resident #53 was walking in the dining room and pulled Resident #15's hair. Resident #74 hit Resident #53 on the right arm after she pull Resident #15's hair. No documentation that Resident #53 was placed on 15-minute checks.<br><br>12. Review of facility investigation on 12/20/22 at 1:15 pm, Resident #53 reached out towards Resident #6 and Resident #6 reached out toward #53 swiping her in the face. A record review of the Provider Investigation Report revealed, Resident #53 unknowingly/unintentionally reached out (per her norm) toward Resident #6 brushing her face, in return Resident #6 swatted at Resident #53 in reaction and was instructed to not do that anymore. No injury noted.<br><br>Record review of Resident #53's progress note dated 12/20/22 at 3:07 pm, revealed Resident #53 was in the dining room reaching out towards Resident #6. Resident #6 slapped Resident #53 in the face on the right cheek. No injury. Residents were separated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Resident #6<br><br>Record review of Resident #6's electronic face sheet accessed on 02/14/22 revealed an [AGE] year-old female whose most recent admitted was 12/20/21 to the female secured locked unit with diagnosis to include: Alzheimer's Disease, macular degeneration (deterioration of the retina of the eye that causes vision loss), and hypertension (high blood pressure).<br><br>Record review of Resident #6's Quarterly MDS, dated [DATE], revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. Other behavioral symptoms not directed toward others - behavior not exhibited. E0800 Rejection of care - behavior did not occur, E0900 Wandering - behavior occurred 1-3 days. Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performance - Supervision. 2. Support: set up help only.<br><br>Record review of Resident's #6's Care Plan dated 11/02/22 revealed the following problems and approaches: At risk for elopement - (problem start date 01/12/23) Requires secure unit placement. Attempted to take out of the secure unit. She started to wander aimlessly throughout all halls and rooms placing her at risk for other residents becoming aggressive towards her. Goal: Resident will be safe throughout her surroundings for 90 days. Approaches: Secure unit placement evaluation quarterly and prn. Elopement assessment quarterly and prn, Problem: (start date 01/05/23) Resident has physically abusive behavioral symptoms. Resident was hit by another resident and in return hit the other resident several times in defense. Goal resident will not harm self or others secondary to physically abusive behavior. Approach: avoid over stimulation, noise, crowding, and other physically aggressive residents), Avoid power struggles with resident, divert resident's behavior by encouraging resident to move to another common area away from distraction and other potentially aggressive residents who might provoke an unwanted response from resident #6 such as aggression, maintain a calm environment and approach, Problem: (start date 12/16/2019) I have impaired vision related to macular degeneration. Goal: I will not have accidents as a result of eye disease. Approaches: Assist as needed with ADL's and toileting Problem: At risk for falls, Goal: I will be free of falls Approaches included: increase staff supervision with intensity based on resident needs.<br><br>13. In an observation and interview on 02/18/23 at 12:43 pm during lunch on the Women's Secured Unit, the Assistant Administrator in Training was assisting Resident #53, she was attempting to spoon feed her, while the resident was constantly standing up and down, attempting to leave the table, and grabbing at her and other residents. The Director of Rehab was watching the rest of the residents, attempting to assist Resident #6 who was eating Styrofoam. Resident #40 was attempting to eat a piece of uncut chicken fried steak with the plastic fork sticking through the middle of it. There was no nurse present in the dining room during this time. The Director of Rehab attempted to get the Styrofoam from Resident #6 but never succeeded. The Assistant Administrator in Training and DOR said Resident #40 was supposed to eat finger foods due to the resident not allowing them to assist her with eating.<br><br>A record review of Resident #6's Get to Know Me information, not dated, prepared by the Social Worker, revealed For all meals take everything off her tray; just leave the plate and just a spoon - if not, she will hoard everything in sight and chew on napkin and plastics.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Resident #40<br><br>Record review of Resident #40's electronic face sheet accessed on 02/14/22 revealed a [AGE] year-old female whose most recent admitted was 01/06/23 to the female secured locked unit with diagnosis to include: fractured left hip, osteoporosis (disease of bone that makes them brittle), history of falling, Alzheimer's Disease, and major depressive disorder.<br><br>Record review of Resident #40's Annual MDS dated , dated 01/11/23, revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E 0800 Rejection of care: behavior did not occur. Section E 0900 Wandering - behavior did not occur. Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performance. 2. Self-performance - Set up help only. Section K: Swallowing/Nutrition Status: K0100. Swallowing Disorder: Z. none of the above.<br><br>Record review of resident #40's Care Plan revealed the following problems and approaches: Problem: Mood state - start date 01/06/23 resident exhibits socially inappropriately disruptive behavioral symptoms. Resident wanders about without direction and becomes physically aggressive (hitting, kicking etc.) when she gets near other residents or staff in her path as well as being hit by resident's she provokes with her unwanted behavior. Goal: Resident will not harm self or others secondary to socially inappropriate, disruptive behavior of opportunistically hitting or kicking residents who get in her pathway or reach while she wanders. Approach: Assess whether the behavior endangers the resident or others. Intervene, if necessary, by moving resident to a safe area, to wander, avoid over stimulation (noise, crowding and other physically aggressive residents, when resident begins to reach for, hit, kick, or grab others, provide for basic needs pain, hunger toileting, too hot/cold etc. Problem: behavioral symptoms: (start date 09/09/22) I pace up and down the halls frequently with no regards to others in my path. 08/01/22 I walked up behind another resident and got hit in the stomach. 08/17/22 I pushed another resident in the hallway while I was pacing up and down the hall. 08/26/22 I hit another resident in the face while walking in the hallway. 12/04/22 Hit by another resident. Goal: I will have less than 3 episodes of physical aggression with other people in my path over the next 90 days. Approaches: I will be redirected to least crowded areas when pacing. I will have increased monitoring and a referral to a behavioral center.<br><br>4. Review of facility investigation on 01/01/23 at 4:50 pm, Resident #40 hit Resident #6, and Resident #6 hit Resident #40 back. A record review of the Provider Investigation Report revealed, Resident #40 approached Resident #6's wheelchair and bumped the wheelchair with her foot making contact with the back of Resident #6's head. Resident #6 turned around in reaction and made contact with Resident #40's face. No injury noted per report.<br><br>Record review of Resident #40's progress notes, dated 01/01/23 at 6:32pm, revealed Resident #40 kicked another resident's wheelchair and tapped her lightly on the head. That resident turned around and hit Resident #40 on the left eye and on her back several times. Resident #40 had redness under her left eye and redness to her upper back.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 11. Review of facility investigation on 12/06/22, Resident #40 kicked Resident #74 and Resident #74 retaliated hitting Resident #40's back. A record review of the Provider Investigation Report revealed, Resident #74 was unintentionally kicked in the leg by Resident #40. Resident #74 then hit Resident #40 in the right shoulder. No injury reported.<br><br>Record review of Resident #40's progress notes dated 12/06/22 at 5:40 pm, revealed Resident #40 kicked Resident #74 in the right leg. Resident #74 hit Resident #40 in the back. No injury reported.<br><br>Resident #43<br><br>Record review of Resident #43's face sheet in the electronic medical record, accessed on 02/14/22 revealed a [AGE] year-old female whose most recent admitted was 10/14/22 to the female secured locked unit with diagnosis to include: Alzheimer's Disease, schizoaffective Disorder (a mental health condition), and hypertension (high blood pressure).<br><br>Record review of Resident #43's Significant Change in Status MDS dated [DATE], revealed her BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E0800 Rejection of care: behavior did not occur. Section E0900 Wandering - behavior did not occur. Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performance - set up help. 2. Support: 1-person physical assist. Section K: Swallowing/Nutrition Status: K0100. Swallowing Disorder: Z. none of the above.<br><br>Record review of Resident #43's Care Plan revealed the following problems and approaches: Problem: (start date 08/23/21) I have a history of aimless wandering increasing safety concerns. 12/03/22 Behavior from another resident. Goal: I will have less than 2 episodes of wandering into others space over the next 90 days. Approaches: I will be redirected if I walk up to someone and invade their personal space, I will be redirected as needed when wandering to prevent me from going into an unsafe area, I will reside in the secured unit. Problem Start Date: 08/10/2021 Category: Falls. I am at risk for falls related to unsteadiness. Approaches: I will be encouraged to wear footwear that fit properly and have non-skid soles. I will be redirected from areas I don't need to be in. Problem: for elopement- (start date 01/11/23). Goal - Resident will not wander out of designated secure area over the next 90 days. Approach: Secure Unit Placement. Secure unit evaluation quarterly and PRN, elopement assessment quarterly and PRN Risk related to Alzheimer's /dementia.<br><br>Resident #74<br><br>Record review of Resident #74's Face Sheet document in the electronic medical record accessed on 02/14/22 revealed an [AGE] year-old female whose most recent admitted was 01/06/23 to the female secured locked unit with diagnosis to include: dementia with behavioral disturbance, major depressive disorder, and delusional disorder.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0741<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review of Resident #74's Annual MDS dated [DATE], revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of the MDS, revealed: Section E: Behavior: E0100. Potential Indicators of Psychosis: Z. none of the above (delusions or hallucinations). E0200. Behavioral Symptoms: A. Physical behavioral symptoms directed towards others - behavior not exhibited, B. Verbal behavioral symptoms directed towards others - behavior not exhibited. C. other behavioral symptoms not directed toward others - behavior not exhibited. Section E0800 Rejection of care: behavior did not occur. Section E0900 Wandering -behavior did not occur. Section G: Functional Status: G0110. Activities of Daily Living Assistance: H. Eating:1. Self-Performance - supervision. 2. Support: set up help only. Section K: Swallowing/Nutrition Status: K0100. Swallowing Disorder: Z. none of the above.<br><br>Record review of Resident #74's Care Plan revealed the following problems and approaches: Problem: At risk for elopement - (start date 01/11/23). Goal: Resident will be kept safe in surroundings. Approaches: continuous placement in secure unit, elopement assessment quarterly and nail care weekly. Problem: Behavioral symptoms - resident exhibits verbal and physical aggression when other residents invade her space and surroundings. Goal: Resident will not show behaviors of aggression. Approaches: Remove and provide a quiet place, staff will encourage rapport with other residents, staff will encourage redirection when resident exhibiting bouts of verbal/ physical aggression, I will have increased supervision until reviewed by psych services., I will be assisted to a quiet place when things become too loud for me, Keep environment calm and relaxed.<br><br>Resident #9<br><br>Record review of Resident #9's Annual Assessment MDS, dated [DATE], revealed Resident #9 was admitted to the facility on [DATE]. Diagnosis include dementia [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>44728<br><br>Based on observation, interview and record review the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation in that:<br><br>The facility failed to dispose of and have procedures for handling drugs and biologicals according to federal, state, and local laws.<br><br>The facility failed to make sure that a resident's medications are returned to him/her to the new facility, or to the family, only if the attending physician approves it.<br><br>These failures could result in decreased medication effectiveness or increased risk of medication errors.<br><br>Finding include:<br><br>During observation on 02/18/2023 at 04:04 PM, LVN-R stated to the DON that there was a basket of keys in her office to the medication destruction box. The DON did not know where the drug destruction box was stating, at and stated, I literally do not know.<br><br>During an interview on 02/18/2023 at 04:30 PM, the DON stated she did not know where the drug destruction logbook would be and would be looking for it. She stated it should have been in her office previously along with the destroyed meds.<br><br>Record Review on 02/19/2022 of facility's medication disposition record revealed 3 months of documented logs (November, December, January).<br><br>During observation and interview on 02/23/2023 at 10:50, the RN-U of med with Med Cart #2 revealed:<br><br>2 bottles of nasal spray and 4 blister packs of hydrocodone 7.5-325, 234 tabs. This resident was transferred to another facility on 02/19/2023 . RN-U stated these meds had been discharged with no documentation in the narcotic book.<br><br>During an interview on 02/23/2023 at 11:50 AM, the Admin stated the facility had not previously had anyone to take the discharged medications from the carts. They are supposed to have turned them in to the DON but there had not been one.<br><br>During an interview on 02/23/2023 at11:52 AM, the DON stated, she is new to LTC and will only answer to what she thinks is right. She did not know how long the logs should be kept. If the Resident was transferred, all medications should had been sent with them.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/23/2023 at 12:00 PM, Corporate Clinical Company Leader RN-H stated the current DON has had no orientation and the discharged meds should have gone with the resident when transferred. If the nurses did not send all medications with resident and had not discharged those medications with the proper paperwork, there could be a drug diversion. Corporate Clinical Company Leader RN-H stated the risk to residents was running out before the prescription is ready to be re-filled. Her expectations were for the residents to not go without their medication with the DON monitoring that. The staff failures were where the medications had not been monitored.<br><br>Record review of the facility policy Discarding and Destroying Medications revised 10/2014, revealed;<br><br>Policy Statement: Medications will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances.<br><br>Policy Interpretation and Implementation<br><br>3. Unless otherwise prohibited under applicable federal or state laws, individual resident medication supplied and sealed unopened containers may be returned to the issuing pharmacy for disposition provided that:<br><br>b. Oh such medications are identified as to what or control number; and<br><br>c. The receiving Pharmacist and the Registered Nurse employed by the facility sign a separate log that lists the residents name; the name, strength, prescription number (if applicable) and amount of the medication returned; and the date the medication was returned<br><br>5. c. Disposal of controlled substances must take place immediately) no longer than three days) after discontinuation of youth by the resident<br><br>10. The medication disposition record will contain the following information:<br><br>a. The residents name;<br><br>b. Date medication disposed;<br><br>c. The name and strength of the medication;<br><br>d. The name of the dispensing pharmacy;<br><br>e. The quantity disposed;<br><br>f. Method of disposition;<br><br>g. Reason for disposition; and<br><br>h. The signature of witnesses.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 11. Completed medication disposition records shall be kept on file in the facility for at least two (2) years, or as mandated by state law governing the retention and storage of such records. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408<br><br>Based on interview and record review, the facility failed to ensure residents' drug regimens were free from unnecessary drugs for 1 of 7 residents (Resident #645) whose records were reviewed for psychotropic drugs, in that:<br><br>1. Resident #645 had an order for the antipsychotic medication Seroquel for a diagnosis of systemic lupus erythematosus, which was not an appropriate indication for use.<br><br>2. Resident #645 received an order for the antianxiety medication Xanax PRN (as needed) on 2/16/23 and the order did not include an end date after 14 days.<br><br>This failure placed residents at risk for being over medicated or experiencing undesirable side effects and could cause a physical or psychosocial decline in health status.<br><br>The findings included:<br><br>Review of Resident #645's Face Sheet, dated 2/23/2023, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included:<br><br>- systemic lupus erythematosus (autoimmune disease where the body attacks itself)<br><br>- gastro-esophageal reflux disease without esophagitis (heartburn that burns the throat)<br><br>- rheumatoid arthritis, unspecified (autoimmune arthritis that affects the joints)<br><br>- chronic post-rheumatic arthropathy [Jaccoud] (problems with the joints due to rheumatic fever when younger)<br><br>- chronic viral hepatitis B without delta-agent (viral disease of the liver)<br><br>- essential (primary) hypertension (high blood pressure)<br><br>- heart failure, unspecified (failure of the heart to function properly)<br><br>- venous insufficiency (poor circulation of extremities)<br><br>- nicotine dependence<br><br>- pain, unspecified<br><br>- generalized anxiety disorder.<br><br>Review of Resident #645's current physician orders, dated 2/22/23, revealed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - Seroquel 100 mg by mouth 2 times daily for the diagnosis systemic lupus erythematosus, with an order start date of 2/04/23; the order was discontinued 2/16/23;<br><br>- Seroquel 100 mg give 1-1/2 tabs (=150 mg) by mouth 2 times daily for the diagnosis systemic lupus erythematosus, with an order start date on 2/16/23;<br><br>- Xanax 1 mg by mouth 4 times daily for the diagnosis generalized anxiety disorder, with an order start date on 2/04/23;<br><br>- Xanax 1 mg by mouth mid-day one time daily PRN (as needed) for the diagnosis of generalized anxiety disorder, with a start date on 2/16/23; there was not an end date.<br><br>The initial admission medication orders and diagnoses for indication for use, dated 2/04/23, were documented as entered by LVN-P.<br><br>Review of Resident #645's Medication Administration Records, dated February 2023, revealed Xanax 1 mg by mouth four times daily was administered as ordered; PRN Xanax had not been administered; Seroquel 100 mg two times daily, changed to Seroquel 150 mg two times daily on 2/16/23, was administered as ordered.<br><br>Review of Resident #645's PASRR Level 1 Screening, dated 2/03/23, revealed no evidence or indication of mental illness, intellectual disability, or developmental disability.<br><br>Review of Resident #645's Admission MDS Assessment, dated 2/13/23, revealed there were no indications of MI, ID, or DD conditions; there were no Psychiatric/Mood Disorder diagnoses selected; and antipsychotic and antianxiety medications were given daily during the 7-day review period.<br><br>Review of Resident #645's comprehensive care plan, dated 2/07/23, revealed the administration of psychotropic medications had not been addressed.<br><br>In an interview on 2/22/23 at 12:32 PM, LVN-P charge nurse stated the nurse who received a faxed physician order or physician telephone order was responsible for entering the medication order into the resident's electronic health record. She stated the prescribing doctor also gave the diagnosis for the medication. LVN-P stated the order for Seroquel was an increase from 100 mg two times daily to 150 mg two times daily, due to Resident #645's behavior. She stated the Hospice Doctor gave the initial order for Seroquel and the order to increase the dosage of Seroquel.<br><br>Review of the facility's policy and procedure for Medication Monitoring and Medication Management, dated 2007, revealed the following [in part]:<br><br>Policy<br><br>Each resident's drug regimen is reviewed to ensure it is free from any unnecessary drugs. This includes any drug:<br><br>- in excessive dose (including duplicate drug therapy);<br><br>- without adequate monitoring;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - without adequate indication for its use;<br><br>- in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or<br><br>- any combination of these reasons .<br><br>Additional specific guidelines are applied to Psychotropic drugs which are defined as any drug that affects brain activities associated with mental processes and behavior. This includes, but are not limited to:<br><br>Antipsychotics; Antidepressants; Anti-anxiety; and Hypnotics.<br><br>Based on a comprehensive assessment of a resident, the facility must insure:<br><br>- Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record .<br><br>- PRN orders for psychotropic drugs are limited to 14 days. Exception: If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order .<br><br>The intent of this requirement is that:<br><br>- each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being .<br><br>- PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>Procedures<br><br>The interdisciplinary team reviews the resident's medication regimen for efficacy and actual or potential medication-related problems on an ongoing basis and with consideration of resident preferences .<br><br>Antipsychotic Medications<br><br>Indication for use must be thoroughly documented in the medical record. While antipsychotic medication may be prescribed for expressions or indications of distress, the IDT must first identify and address any medical, physical, psychological causes, and/or social/environmental triggers. Any prescribed antipsychotic medication must be administered at the lowest possible dosage for the shortest period of time and is subject to the GDR requirements for psychotropic medications . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>41495<br><br>Based on observation, interview, and record review, the facility failed to provide foods at a safe and appetizing temperature for 1 of 1 meal reviewed for palatable temperatures.<br><br>Facility failed to serve food that retained safe palatable temperature for lunch service.<br><br>These failures placed 90 of 92 residents at risk for foodborne illnesses due to food temperatures.<br><br>Findings included:<br><br>During an interview on 02/18/23 at 10:58AM with Resident #85, she complained that the food was usually cold.<br><br>During an interview on 02/18/23 at 2:45PM with Resident # 5, he said the food was always cold.<br><br>During an interview on 02/18/23 at 2:55PM with Resident #59, he said the food was always cold.<br><br>During an observation and interview on 02/19/23 at 12:40PM with Resident #59, he was visibly upset and yelling and cursing, LVN CD was assisting resident with meal. Resident #59 loudly complained that his food was late and that it was cold.<br><br>During an interview on 02/19/23 at 01:07PM with LVN CD, she said Resident #59 always complained that his food was late and /or cold.<br><br>During an observation on 02/22/23 from 11:30AM to 12:30PM,<br><br>the service line meal item temperatures included:<br><br>Beef Roast 180 degrees F<br><br>Sliced Carrots 200 degrees F<br><br>Red Potatoes 180 degrees F.<br><br>11:40AM-Kitchen staff began preparing meal trays for residents.<br><br>11:44AM-First meal cart out to dining room on Unit 1. No staff in dining room, DM had to go tell nursing staff that meal trays were ready.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 11:54AM-Nursing staff entered the dining room on Unit 1 and began to look at resident meal trays and compare them to the resident meal cards. 1 nursing staff asked the DM for a tea pitcher and began making drinks for the meal trays on the cart. DM said there was usually more staff in the dining room prior to meal trays coming out of kitchen. She said the kitchen staff responsibility was to make the meal trays and get them out of the kitchen for nursing to serve to the residents. She said it was the responsibility of the nursing staff to make the resident drinks. DM said after the meal trays left the kitchen it was no longer the responsibility of kitchen staff to serve the meals to the residents.<br><br>12:02PM-Nursing staff began serving residents in dining room for Unit 1 from the first meal cart.<br><br>12:04PM-First meal cart out to dining room on Unit 2. 1 staff in the dining room began making iced tea for the meals.<br><br>12:10PM-The drinks had been made and 2 staff members began serving residents in the dining room for Unit 2 their meals.<br><br>12:16PM-Final cart with surveyor sample tray out of the kitchen.<br><br>12:21PM-Nursing staff preparing resident drinks for meal trays on the final cart and began serving hall trays.<br><br>12:26PM-Sample tray provided after all residents served their meal. Food temperature of meal tray as followed:<br><br>Beef Roast-95 degrees F<br><br>Sliced Carrots- 120 degrees F<br><br>Red Potatoes-110 degrees F<br><br>Surveyor team sample of tray indicated the food temperature was cool. DM said that the temperatures had been a drop of almost 100 degrees for some food items and that waiting for nursing staff to pass out trays could be some of the reason for the food being cold. She said that a Resident Council meeting last year, (unable to remember which month), indicated that residents complained about their tea being warm and the ice melted. She said the facility decided that their solution would be to no longer have the kitchen be responsible for resident drinks on meal trays. DM said it would be the responsibility of nursing staff to make resident drinks for meal trays fresh, so that the ice would not be melted in the tea. RVPO sampled meal and said that the food was cold.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/22/23 at 3:35PM with TNA GM, she said she had been working day shift since October of 2022 and meals had been served on a hall cart with no drinks from the kitchen since at least that time. She said it was the responsibility of the nursing staff to make resident drinks before serving the meals to the residents. TNA GM said she did not know the exact reason for that, but that it had something to do with previously the ice was melted in the tea and residents didn't like that, so the nurses and aides had to make the drinks with fresh ice and tea before they were placed on the meal trays after the kitchen made the trays and right before they were served to the residents. She said there would usually be a resident smoke break right before lunch time, so it would be difficult for the nursing staff to get back and start preparing the drinks prior to the kitchen getting the meal trays out for the nursing staff to pass out to the residents.<br><br>During an interview on 02/22/23 at 3:40PM with the Activity Director, she said that she remembered last year having a resident council meeting that the residents complained about their ice being melted in their tea and it being warm when they got their lunch and supper. She said she wrote a grievance from that council meeting, and it was discussed with administration. Activity Director said the solution that administration came up with was that the nursing department would be responsible for making the drinks fresh after the kitchen made meal trays, so that the tea would have fresh ice and it would not be melted. Activity Director provided the Resident Council meeting minutes and grievance form that she filled out that was for April of 2022.<br><br>During an interview on 02/23/23 at 3:20PM, ADM said that it was usually a responsibility of the kitchen staff to make the drinks for the residents. She said it did not make sense that the former administration would make a decision for nursing to make the drinks as a solution for ice being melted in tea.<br><br>During an interview on 02/24/23 at 6:45PM, ADM said she had no additional evidence to provide.<br><br>Record review of Facility Resident Council Meeting and Grievance form dated 04/29/2022 revealed: residents state that when they receive meals lunch and supper the ice is always melted, they would like to have ice in their drinks<br><br>Record review of Facility policy labeled Food and Nutrition Services revised 09/2021 revealed: . And nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature.<br><br>Record review of CMS form 672 dated 02/19/23 revealed a census of 92 with 2 residents that received enteral nutrition. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>41495<br><br>Based on observations, interviews, and record reviews, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen's reviewed meal preparation and service.<br><br>Facility failed to label and/or seal items in kitchen refrigerators and freezers.<br><br>Facility kitchen staff failed to practice appropriate hand hygiene during meal service.<br><br>These failures placed 91 of 92 residents at risk of food borne illness that ate from the kitchen.<br><br>Findings included:<br><br>During an observation on 02/18/23 at 9:30AM:<br><br>Refrigerator #2<br><br>1 box of Salisbury steak that was unsealed<br><br>1 clear zipper sealed storage bag had a label of BBQ Pork that had a date of 2/10-2/14.<br><br>1 bag of flour tortillas that was unsealed.<br><br>1 32oz cardboard container of liquid egg that was unsealed.<br><br>Outside Walk In Freezer<br><br>1 package of green peas that was unsealed.<br><br>1 package of corn that was unsealed.<br><br>1 package of pie crust that was unsealed.<br><br>1 package of biscuits that was unsealed<br><br>1 package of breaded chicken patties that was unsealed.<br><br>Outside Walk In Refrigerator<br><br>1 package of corn tortillas that was unsealed<br><br>1 box with a date of 1/19 that had rotten oranges and rotten potatoes inside<br><br>1 - 1/2 loaf of white sandwich bread that did not have an opened date.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/18/23 at 10:20 AM, DM said that all items that were received had a date of received label and then when the items were opened, staff was expected to put an opened date on the label. She said that any item in any refrigerator or freezer must be sealed when placed in them. DM said by not sealing items and not labeling items, the staff ran the risk of using and or serving contaminated foods to the residents and they could get sick from that.<br><br>During an observation on 02/18/23 from 11:30 AM to 12:45PM of meal serving line food temperatures and meal service.<br><br>11:30AM Cook did not wash hands prior to beginning temperature checks of food items.<br><br>11:35AM DA did not wash hands before putting gloves on to make a grilled cheese sandwich for a resident.<br><br>12:05PM DA had taken meal cart out of kitchen, came back, doffed (removed) gloves, donned (put on) new gloves and began mixing food items on the service line without performing hand hygiene.<br><br>12:20PM DA had taken meal cart out of kitchen, doffed gloves, donned new gloves without performing hand hygiene.<br><br>12:28PM DA went outside to the cold storage area, came back in, donned new gloves without performing hand hygiene.<br><br>DW noted touching clothing numerous times while wearing gloves on the meal service line.<br><br>During a group interview on 02/18/23 at 12:40PM with all dietary staff, they said staff should perform hand washing between each task performed, when donning/doffing gloves, and if they touch their clothing/self. Dietary staff said they did not perform hand hygiene each time they needed to. DM said by not performing hand hygiene, the dietary staff could transfer infections to the residents.<br><br>Record Review of Facility Policy labeled Food Storage Cold Goods last revised 4/2018 revealed: All foods will be stored wrapped in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.<br><br>Record Review of Facility Policy labeled Handwashing/Hand Hygiene revised 01/2020 revealed: this facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the hand washing hand hygiene procedures to help prevent the spread of infections to other personnel, residence, and visitors . Wash hands with soap and water, when hands are visibly soiled and after contact with the resident with an infectious diagnosis. Use an alcohol-based hand rub containing at least 60% to 95% ethanol alcohol or isopropyl alcohol. Hand hygiene must be performed prior to donning and after doffing gloves.<br><br>Record review of CMS form 672 dated 02/19/23 revealed a census of 92 with 2 residents that received enteral nutrition. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Administer the facility in a manner that enables it to use its resources effectively and efficiently.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41653<br><br>Based on interview and record review, the facility failed to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 4 of 4 Residents (Resident #1, Resident #79, Resident #53, Resident #57) reviewed for administration quality of care, in that:<br><br>1. Resident #1 had an indwelling urinary catheter that had not been drained for 2 days causing backflow of urine due to nursing staff not following physician's orders and the facility's lack fo administrative monitoring an ensuring resient care. The catheter tubing had sediment and puss like substance in tubing. Resident #1 became unresponsive, sent to hospital, initial diagnosis of UTI, and admitted to ICU due to nursing staff neglecting to follow physician's orders.<br><br>2. Resident #1 had five facility acquired pressure ulcers that progressed to Stage III and Stage IV due to nursing staff neglecting to follow physician's orders. Facility administrative personnel did not monitor and ensure nursing staff followed physician orders and provided residents care to attain highest practicable well-being.<br><br>3. Resident #79 had one Stage III pressure ulcer upon admit that worsened to have osteomyelitis due to nursing staff neglecting to follow physician's orders. The facility's administration did not ensure it's resident skin assessments and wound treatments were completed by nursing staff and monitored by administrative personnel for effectiveness and completeness<br><br>4. The facility's administrative personnel did not ensure nursing staff were sufficiently staffed in the women's secured locked hall for resident safety. Station 2 Hall 6 was a women's secured locked hall with six (6) female residents with known behaviors with one (Resident #53) of the six (6) women required 1:1 level of supervision. The facility failed to staff the Hall with more than one trained staff consistently. The staff utilized a gait belt around Resident #53 to redirect, restraint her movement, and prevent altercations from other residents.<br><br>5. The facility's administrative personnel did not ensure nursing staff were sufficiently staffed in the men's secured locked hall for resident safety. Station 2 Hall 2 was a men's secured locked hall with fourteen (14) male residents with known behaviors. On 01/06/2023, there was a resident/resident altercation and no staff were located on the hall.<br><br>An Immediate Jeopardy (IJ) was identified on 02/23/2023. The IJ template was provided to the facility on [DATE] at 10:28am. While the IJ was removed on 02/24/2023, the facility remained out of compliance at a scope of pattern and a severity of actual harm because the facility's need to evaluate the effectiveness of their corrective actions.<br><br>These failures placed residents at risk of physical and psychological harm due to lack of oversight by facility administration.<br><br>The findings included:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 1. Record review of Resident #1 face sheet revealed a [AGE] year-old female admitted on [DATE] with a most recent admitted [DATE] with the following diagnoses: Unspecified fracture of left shaft/femur, Non ST elevation myocardial infraction (heart attack due to inadequate blood to the heart), gram negative sepsis (bacteria in the blood), neurogenic bladder (deficiency in bladder control due to brain, spinal cord or nerve problem) and urinary tract infection, site not specified (infection in any part of the urinary system).<br><br>Review of Resident #1's Significant Change in Status MDS dated [DATE] revealed: Section C Cognitive Patterns BIMS Summary Score of 14 indicating no cognitive impairment; Section H Bladder and Bowel indicated indwelling catheter<br><br>Record review of Resident #1 electronic care plan accessed on 02/20/2022 revealed the following: Problem - Resident #1 has Indwelling Foley Catheter: Goal - Resident will not show signs of urinary infection or urethral trauma. Interventions - Change catheter every per MD order, document urinary output; record the amount, type, color and odor, observe for leakage, keep catheter system a closed system as much as possible, position bag below level of bladder, provide catheter care as scheduled and PRN. Problem- Resident #1 has a urinary tract infection. Goal- resident will not exhibit signs of a urinary tract infection. Interventions- Administer Bactrim DS (antibiotic), encourage fluids, keep perineal area clean and dry and report signs or UTI (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back pain/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine and blood in urine. Initiated date of 10/15/2022 and revised date of 01/31/2023.<br><br>Review of Resident #1 physician orders dated 10/13/2022 to 10/21/2022 revealed<br><br>-Foley Catheter: Size (10cc) FR (16) Diagnosis: Neurogenic bladder (lack bladder control due to brain, spine, or nerve problems).<br><br>-May obtain urine sample via Foley Catheter Port as needed when a Urine Analysis is ordered. (If Foley Catheter has been in place greater than 14 days, change Foley Catheter before obtaining urine.)<br><br>-Provide catheter care every shift.<br><br>-Change catheter and drainage bag as needed for indications of blockage, increased sediment, infection, displacement as needed.<br><br>Record review of Resident #1's vital reports revealed no evidence of catheter care, drainage of catheter bag and amount of urine obtained during drainage on 48 occasions between 01/18/23 and 02/19/23.<br><br>During observations between 02/18/2023 at 10:15 am to 02/18/2023 at 3:58, Resident #1 was observed to have an indwelling catheter bag that was full and overflowing with urine that was backflowing in the catheter tubing as well as urine leaking onto the floor on three (3) occasions. The catheter bag was dated 01/12. The urine was cloudy, with sediment (matter that settles to the bottom of a liquid) visible in tubing and bag. There was a thick cloudy substance in the tubing that appeared to be puss.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Interview on 02/18/2023 at 10:16 AM, the DON stated Resident #1's catheter tubing and bag appeared to be a puss like substance and required to be changed immediately. The DON stated Resident #1's catheter bag should always been covered and that the bag being completely full to where it is overflowing places resident at risk for infection. She stated she did not know the rationale for the catheter bag to be overflowing with urine and backflowing in the catheter tubing.<br><br>During an observation 02/19/2023 at 8:35 am, Resident #1's catheter bag had been emptied; however, the foley catheter tubing had not been changed and was observed to be crusted with sediment and puss like substance visible in the tubing.<br><br>During an interview on 02/19/2023 at 8:40 am, the DON stated she delegated the task for changing Resident #1's catheter but did not know rationale for the task to not have been completed.<br><br>Interview on 02/19/2023 at 10:02 am, Corporate Regional Resource Nurse-J-J stated she had instructed RN-V to change Resident #1's catheter bag. She stated that RN-V reported that it had been changed. She collected a UA sample while changing it and would notify the physician. She stated that the catheter should have been changed due to the sediment. She said that she could see where there was an issue for concern.<br><br>During an interview on 02/19/2023 at 10:02 am, Corporate Clinical Company Leader RN-I stated Resident #1's catheter should have been changed due to the sediment alone. She said that she could see where there was an issue for concern.<br><br>Interview on 02/19/2023 at 11:04 am, the DON stated she went back to Resident #1's rooms on 02/18/2023 in the afternoon and the task to change the catheter continues to not be completed. She then asked nursing staff again to complete the task. She stated this failure placed the residents at risk for an infection.<br><br>Observation and interview on 02/19/2023 at 11:20 am, Resident #1 was speaking with surveyor without any distress.<br><br>Observation on 02/19/2023 at 2:57 pm, Resident #1 was observed unresponsiveness with emesis (the action or process of vomiting) on chest by surveyors and Corporate Clinical Company Leader RN-I. Corporate Clinical Company Leader RN-I stated she had to check Resident #1's pulse because she wasn't sure if she was alive.<br><br>Interview on 02/19/2023 about 3:00pm, Resident #56 (Resident #1's roommate) said Resident #1 received her lunch tray about 12:00 pm and almost immediately started to throw up. Resident #56 then called for help, but no one came until about 2:00 pm. Resident #56 said that she told the staff that Resident #1 needed assistance, the staff was Assistant Administrator in Training who removed Resident #1's tray and stated, I can't help you and left the room.<br><br>Review of Resident #56's quarterly MDS dated [DATE] revealed Section C Cognitive Patterns BIMS Score of 15 indicating no cognitive impairment.<br><br>During an interview on 02/19/2023 at 3:10pm, RN-V stated she did not change Resident #1's catheter tubing but just changed the bag. She stated she obtained a urine sample from the catheter tubing that was observed to be crusted with sediment and puss like substance visible in the tubing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | During an interview on 02/19/2023 at 3:15pm, Corporate Regional Resource Nurse-J-J stated that she instructed RN-V to change Resident #1's entire catheter and not just the bag. She stated she did not verify the task was completed.<br><br>Observation on 02/19/2023 at 3:25pm, Resident #1 was transferred to community hospital via EMS.<br><br>Interview on 02/19/2023 at 4:34pm, DON said she looked at Resident #1's catheter yesterday (02/18/2023) and it appeared to have puss and sediment in the catheter tubing and catheter bag entry hub. She said it was her expectation that it was to be changed. She made an additional request for the catheter to be changed this morning by RN-V. The DON stated that she discovered that the Resident #1 left the facility (to the hospital) without a changed catheter tubing but only changed catheter bag. It was her expectation that it was changed yesterday.<br><br>During an interview on 02/19/2023 at 4:34 pm, the DON stated that Resident #1's catheter appeared to have puss and sediment in the catheter tubing and catheter bag entry hub. She stated it was her expectation that catheter to be changed 02/18/2023. She stated Resident #1 left the facility to the community hospital without the catheter being changed.<br><br>Interview on 02/20/2023 at 3:57pm, CNA-Z stated Resident #1 had puss in her catheter tubing when she drained the catheter bag and performed incontinent care about 2 weeks ago. She stated she notified RN-V of the puss in resident's catheter tubing at that time.<br><br>Interview on 02/20/2023 at 04:04 PM, Resident #56 (Resident #1's roommate) said she pressed the call light frequently and it takes a while to answer. She said that the lady that came to answer the call light after two hours. She had long dark hair and was part of administration but did not work the floor. Resident #56 said that this staff went to the Resident #1 and said Oh, My God, when she saw the resident. Resident #56 said that the staff stated she couldn't help Resident #1 and left the room. Resident #56 said she thought the staff was coming back but never did. Resident #56 said that she could hear Resident #1 throwing up and gurgling. Resident #56 said no one changed their catheters. She said that yesterday (02/19/2023) the staff just changed the bag. Resident #56 said that the regional Hispanic nurse did in fact tell the nurse to just change the bag until she got caught up and that she could change it later. Resident #56 said it was the same nurse that told her in Spanish to butt out and put her hand to her mouth as in telling her to hush and she cut her eyes.<br><br>Interview on 02/20/23 04:34 PM, RN-V stated while in Resident's room that she was short of staff 02/19/2023 and behind. She said that when the regional nurse came, she told her to change the catheter bag only. She said that she is often short staffed or without staff and can do what she can do. She said she is trying hard and stays for the residents.<br><br>During an interview on 02/21/2023 at 1:24 pm, Corporate Clinical Leader RN-SB stated that not changing a catheter could place a resident at risk for an infection. She stated that Resident #1's entire catheter system should have been changed and not just the bag. She stated the failure was due to the RN not using appropriate nursing judgement.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | During an interview on 02/21/2023 at 1:30 pm, Corporate Regional Resource Nurse-J stated she directed RN-V to change Resident #1's bag at the beginning of the shift and then later told RN-V to change the entire catheter. She stated that it appeared to be changed. She stated that the catheter should be changed any time there is puss or sediment in the tubing or bag. She stated that the catheter had not been changed prior to Resident #1 found unresponsiveness. She stated that the failure could result in infection, sepsis, and pain.<br><br>During an interview on 02/21/2023 at 2:50 pm, Corporate Clinical Leader RN-VR stated that Resident #1's record had inaccurate documentation due to days of no documentation of Resident #1's catheter care including urine output.<br><br>Record review of hospital record dated 02/19/2023 at 8:48pm History and Physical, revealed the following physician's notes- We sent her to the ICU Again, clinically it just seems to be a very ill patient, who was sent from the nursing home for an honestly a bogus reason at this point. At any rate from what I can gather she had left sided weakness from a prior stroke, but today currently it seems like she is not moving the right side, so we will get MRI of the brain. She does have a UTI in her labs, which will be treated.<br><br>Record review of Resident #1's community hospital records revealed dated 02/19/2023, Resident #1 was admitted into community hospital ICU with diagnosis of UTI & rule out stroke.<br><br>Record reviewed on Resident #1's community hospital records labs, assessment and plan dated 02/19/2022 revealed, Resident #1 had a primary diagnosis of Urinary Tract Infection, with orders to check cultures, place her on ceftriaxone (antibiotic)<br><br>Record review of hospital records dated 02/21/2023 revealed that Resident #1 had a diagnosis of Sepsis (A life threatening complication or infection. Sepsis occurs when chemicals released in the bloodstream to fight an infection throughout the body. This can result in multi organ system failure and even death).<br><br>Records review of hospital records dated 02/21/2023 Resident #1's Assessment and Plan revealed:<br><br>1.UTI in the setting on chronic indwelling foley catheter. Urine culture grew E coli. Blood cultures grew gram positive cocci. Start IV Vancomycin and Rocephin for empiric (preventative and protective) treatment.<br><br>2.Bacteremia: Blood culture grew gram positive cocci. Start IV Vancomycin (antibiotic) and Rocephin (antibiotic) for empiric treatment<br><br>2. Review of Resident #1's Admission MDS, dated [DATE], revealed Section C: Cognitive Patterns BIMS Score of 9 indicating moderate cognitive impairment; Section G: Functional Status limited/one-person assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions of no pressure ulcers.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #1's Significant Change MDS dated [DATE], revealed Section C: Cognitive Patterns BIMS Score of 14 indicating cognitively intact; Section G: Functional Status: extensive/two + persons assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated two Stage III pressure ulcers, one Stage IV pressure ulcer, and two Unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.<br><br>Site 1: Right buttock/ischium<br><br>Review of Resident #1's Wound Management Detail Report dated 07/28/2022 at 4:08pm by LVN-AD revealed: Pressure Ulcer to Right Buttock, not present on admission. Unstageable measured 2.8cm in length by 2.8cm in width with unmeasurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/2023 at 5:44pm by LVN-Q revealed: Stage IV measured 4cm in length by 6cm in width with 2.5 measurable depth.<br><br>Review of Resident #1's physicians orders dated 10/20/2022 for pressure wound of right ischium (buttock) revealed: Clean with Normal Saline/Wound Cleanser. Apply: collagen then Calcium Alginate with silver. Cover with Primary Dressing: bordered foam dsg. Once a day<br><br>Review of Resident #1's physicians orders dated 10/20/2022 for pressure wound of right ischium (buttock) revealed: Clean with Normal Saline/Wound Cleanser. Apply collagen Calcium Alginate with silver. Cover with bordered foam dsg. As needed twice a day<br><br>Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed: Problem: Resident has a pressure ulcer to right buttock related to immobility and desensitized skin. Goal: Resident's ulcer will heal without complication. Approach: Conduct a systematic skin inspection daily by nurse with daily dsg change.<br><br>Site 2: Left buttock/ischium<br><br>Review of Resident #1's Wound Management Detail Report dated 08/04/22 at 3:24pm by LVN-AD revealed: Pressure Ulcer to Left Buttock, not present on admission. Measured 4.5cm in length by 4cm in width with no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/2023 at 5:50pm by LVN-Q revealed: Stage III measured 1.7cm in length by 4.2cm in width with 0.5cm measurable depth.<br><br>Review of Resident #1's physicians orders dated 10/20/2022 for pressure wound of left ischium (buttock) revealed: Clean with Normal Saline/Wound Cleanser. Apply: collagen then Calcium Alginate with silver. Cover with Primary Dressing: bordered foam dsg. Once a day<br><br>Review of Resident #1's physicians orders dated 11/29/2022 for pressure wound of left ischium (buttock) revealed: Clean with Normal Saline/Wound Cleanser. Apply: collagen then Calcium Alginate with silver. Cover with Primary Dressing: bordered foam dsg. As Needed twice a day.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed: Problem: Resident has a pressure ulcer to left buttock related to immobility and desensitized skin. Goal: Resident's ulcer will heal without complication. Approach: Conduct a systematic skin inspection daily by nurse with daily dsg change.<br><br>Site 3: Left heel<br><br>Review of Resident #1's Wound Management Detail Report dated 11/17/2022 at 9:17am by LVN-AE revealed: Unstageable - Deep Tissue Pressure Ulcer left heel not present on admission measured 5.5cm in length by 5cm in width with no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/23 at 5:54pm by LVN-Q revealed: Stage IV measured 3cm in length by 4cm in width with no measurable depth.<br><br>Review of Resident #1's physician orders dated 02/10/2023 revealed: Cleanse left heel with normal saline or wound cleanser apply calcium alginate to wound bed surrounding necrotic tissue and secure with bordered dsg as needed. Once a day in the morning and as needed every shift<br><br>Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed: Problem: Resident has a pressure ulcer to left heel related to immobility. Goal: Resident's ulcer will not increase in size. Approach: Conduct a systematic skin inspection during daily treatment . Use heel protectors as tolerated or cushion under legs as tolerated to relieve pressure on the heels.<br><br>Site 4: Right heel<br><br>Review of Resident #1's Wound Management Detail Report dated 11/17/2022 at 9:15am by LVN-AE revealed: Pressure Ulcer Right Heel not present on admission measured 5cm in length by 7cm in width and no measurable depth.<br><br>Review of Resident #1's Wound Management Detail Report dated 02/16/23 at 5:52pm by LVN-Q revealed: Stage IV measured 2.7cm in length by 3.8cm in width and no measurable depth.<br><br>Review of Resident #1's physician orders dated 02/10/2023 revealed: Cleanse right heel with normal saline or wound cleanser apply calcium alginate to wound bed surrounding necrotic tissue and secure with bordered dsg as needed. Once a day in the morning and as needed every shift<br><br>Review of Resident #1's physician orders dated 10/08/22 revealed: Ascorbic acid (vitamin c) tablet; 500mg 1 tab oral once a day<br><br>Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed: Problem: Resident has a pressure ulcer to right heel related to immobility. Goal: Resident's ulcer will not increase in size. Ulcer will not exhibit signs of infection Approach: .Conduct a systematic skin inspection during daily treatment Use heel protectors as tolerated or cushion under legs as tolerated to relieve pressure on the heels.<br><br>Site 5: Sacrum<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 12/29/22 Cleanse sacrum with normal saline or wound cleanser apply thin layer of triad, yellow tube, to wound two times a day. Every Shift<br><br>Review of Resident #1's Comprehensive Care Plan dated 01/31/2023 revealed: Problem: pressure Ulcer Sacrum Stage III. Goal: Area will show improvement in the next 14 days. Approach: Turn every 2 hours and prn.<br><br>3. Review of Resident #79's electronic Face Sheet dated revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis, pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus, major depressive disorder, dependence on renal dialysis, dependence on supplemental oxygen, chronic atrial fibrillation, Methicillin resistant Staphylococcus aureus, and Type 2 diabetes mellitus.<br><br>Review of Resident #79's Admission MDS dated [DATE] revealed Section C: Cognitive Patterns BIMS Score of 15 indicating no cognitive decline; Section G Functional Status indicated extensive/2+ person physical assistance with bed mobility, transfer, toilet use, and personal hygiene; Section M: Skin Conditions indicated one Stage III pressure ulcer present upon admission and one Unstageable pressure ulcer due to coverage of wound bed by slough and/or eschar present upon admission.<br><br>Review of Resident #79's Quarterly MDS dated [DATE] revealed Section M: Skin Conditions indicated two Stage IV pressure ulcers present upon admission, and one Unstageable pressure ulcer that was not present upon admission.<br><br>Site 1: Sacrum<br><br>Review of Resident #79's Wound Management Wound History dated 11/15/2022 at 8:08 am revealed: Pressure Ulcer to Sacrum present on admission.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed: Stage 4 Pressure Wound Sacrum Full Thickness measured 1.7cm in length by 0.7cm in width with 1.2c in depth.<br><br>Review of Resident #79's Wound Care Physician Progress Note dated 01/12/2023 revealed: The histology report from the biopsy of the sacrum taken on 01/05/2023 indicates acute osteomyelitis.<br><br>Review of Resident #79's physicians orders dated 11/25/2022 revealed: Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing every day until resolved. Cleanse right heel with normal saline or wound cleanser, apply sure-prep to heel two times daily for preventative. Left heel cleanse with ns or wound cleanser and apply sure-prep two times daily for preventative<br><br>Review of Resident #79's physicians orders dated 11/29/2022 revealed: Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing as needed until resolved.<br><br>Review of Resident #79's Treatment Administration Record from November 2022 to February 2023 revealed no evidence of treatments on 12/02/2022, 12/25/2022, 12/26/2022, 01/01/2023, 01/05/2023, 01/08/2023, 01/11/2023, 01/19/2023, 02/04/2023, 02/08/2023, 02/11/2023, 02/19/2023<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #79's Care Plan last revised 1/30/23 revealed:<br><br>Problem: Resident has a pressure ulcer to sacrum r/t immobility. Goal: Resident's ulcer will heal without complications. Approach: use cushion provided by family for pressure reduction when resident is in chair; conduct a systematic skin inspection daily during treatment .<br><br>Review of Resident #79's electronic record revealed no evidence of reposition every 2 hours and as needed and conduction of systematic skin inspection daily between 11/25/2022 and 12/29/2022.<br><br>Site 2: Right Heel<br><br>Review of Resident #79's Wound Management Detail Report dated 11/15/2022 at 8:11am by LVN-AE revealed: Stage III pressure ulcer to right heel measured 0.3cm in length by 0.3cm in width with 0.1cm in depth.<br><br>Review of Resident #79's Wound Management Wound History dated 11/25/2022 at 7:33am revealed: Pressure Ulcer to right heel present on admission and healed.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/01/2022 revealed: Unstageable due to necrosis (death of cells in body tissues) measured 1cm in length by 1.1cm in width with no measurable depth.<br><br>Review of Resident #79's Wound Care Physician Progress Notes dated 12/29/2022 revealed deterioration to a Stage IV Pressure Wound of the Right Heel.<br><br>Review of Resident #79's Wound Management Wound History dated 12/29/2022 at 2:31am revealed: Pressure Ulcer to right heel present on admission.<br><br>Review of Resident #79's Wound Management Detail Report dated 02/23/2023 at 7:11pm by Corporate Clinical Company Leader RN-I revealed: Stage IV Pressure Ulcer to right heal measured 0.5cm in length by 0.6cm in width with unmeasurable depth. The wound had necrotic tissue type.<br><br>Review of Resident #79's physician orders dated 12/29/2022 revealed: Cleanse right heel with normal saline or wound cleanser apply anasept (antibiotic) to wound and secure with a bordered dressing daily.<br><br>Review of Resident #79's physician orders dated 01/03/2023 revealed: Use cushioned boots while in bed as tolerated<br><br>Review of Resident #79's Treatment Administration Record from November 2022 to February 2023 revealed no evidence of treatments on 12/03/2022, 12/25/2022, 12/26/2022, 01/01/2023, 01/05/2023, 01/08/2023, 01/11/2023, 01/19/2023, 02/04/2023, 02/08/2023, 02/11/2023, 02/19/2023<br><br>Review of Resident #79's Care Plan last revised 1/30/23 revealed:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Problem: Pressure Sores/Skin Care. Goal: Prevent/Heal pressure sores and skin breakdown. Approach: follow facility skin care protocol; preventative measures use cushioned boots for heels while in bed as tolerated, off load heels while in bed; report to charge nurse any redness or skin breakdown immediately; treatment as ordered; turn and reposition every 2 hours and PRN<br><br>Problem: Resident has a pressure ulcer to right heel r/t immobility. Goal: Resident's ulcer will not increase in size. Ulcer will not exhibit signs of infection. Approach: . conduct a systematic skin inspection during treatment .<br><br>Review of Resident #79's skin assessment records revealed no evidence of systematic skin inspection during treatment between 11/25/2022 and 12/29/2022.<br><br>Review of Resident #79's physicians orders dated 11/29/2022 revealed: Ascorbic acid (vitamin c) 500mg 1 tablet by mouth daily. Pro-Stat AWC (high-calorie, complete protein liquid for Advance Wound Care) 17-100 gram-kcal/30ml give 30ml by mouth twice a day.<br><br>Review of Resident #79's physician orders dated from 01/13/2023 to 02/24/2023 revealed: Ertapenem (strong antibiotic to treat serious infections) 1 gram IV daily for 42 days related to osteomyelitis<br><br>In an interview on 02/19/2023 at 2:38 PM, Corporate Clinical Company Leader RN-I stated the facility owned Resident #1's pressure ulcers and that they were facility acquired. She stated that she could not find any documentation that they were not acquired in the facility. Corporate Clinical Company Leader RN-I stated that the failure of the facility to prevent Resident #1 from developing new pressure ulcers could result in an infection and that the failure was due to ongoing staffing issues.<br><br>During an interview on 02/20/2023 at 2:30pm, Corporate Clinical Company Leader RN-I stated her expectations were for skin assessments to be completed weekly and the nursing staff were not consistence with documenting the treatments with the interim and acting DON monitoring. She stated these failures were due to communications between staff members. She stated that the lack of communication negative impacts the continuity of care.<br><br>During an observation on 02/20/23 at 3:25 PM of Resident #79's wound care revealed RN-V completed wound care with the assistance of MDS-RN and LVN Q. RN-V failed to change gloves after removing sacrum dirty wound dressing and beginning to apply treatment and clean dressing to sacrum. RN-V had to be reminded by LVN-Q to date and initial new dressing to the sacrum. RN-V also failed to perform hand hygiene before applying new gloves to begin treatment to right heel. Following the treatment, RN-V was unable to be located for an interview.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0835<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 2/21/23 at 11:35 AM, Corporate Clinical Company Leader RN-H stated in her investigation of the Resident #79's chart, it appeared that the wound care/treatment nurse at the time documented the right heel wound was healed on 11/25/22 even though the wound was never healed. She stated the right heel wound was re-identified as a stage 4 on 12/29/22. She stated that because the wound was documented as healed that it went one month without treatment or observation leading to it progress to a stage 4. She stated that Resident #79's sacral wound was a stage 3 on admission but had progressed to a stage 4. She stated If there was something different with a wound that a prudent nurse should have document in a focused observation note or progress note what was observed, notify the doctor of the change in the resident's condition, then document that the doctor was notified. She stated it was her expectation that if someone did transcribe orders for Wound Care Doctor that it would be the nurse who did rounds with him or if the resident was a new admission and the wound care physician was giving orders, the admitting nurse would be responsible for transcribing the orders and verifying everything was in the resident's chart correctly. She stated that during the morning meeting, it was her expectation that the staff should have been going over all new orders received to make sure all orders had been signed and verified and that nothing had been missed during rounds.<br><br>During an interview on 02/22/2023 at 9:57am, WC LVN-MB stated that she reported to Corporate Regional Resource Nurse-J, previous administrator, and previous DON the concerns of lack of wound care during the days WC LVN-MB was not scheduled.<br><br>In an interview on 2/22/23 at 10:49 AM, Corporate Clinical Company Leader RN-H stated that she was not aware that skin assessments were not being done accurately and treatments were not being done until surveyors arrived at the facility.<br><br>4. Record review of Resident #53's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE]. She resided on Station 1 Hall 6 which was a Woman's secured unit (the average age of the women residents on Station 1 Hall 6 was [AGE] years). Diagnosis included: anoxic brain damage; diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness; epilepsy and epileptic syndromes with seizures of localized onset; restlessness and agitation; post-traumatic stress disorder; repeated falls; muscle weakness (generalized); insomnia due to other mental disorder; major depressive disorder; anxiety disorder; dysphagia (difficulty in swallowing), altered mental status; pain; adult sexual abuse. Record review of Resident #53's Quarterly MDS, dated [DATE], revealed the BIMS score was blank indicating inability to obtain a Brief Interview for Mental Status.<br><br>During observation and interview at 02/14 [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27938<br><br>41653<br><br>45411<br><br>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for two (Resident #'s 79 and Resident #40) of two residents reviewed for infection control practices.<br><br>RN-V failed to perform hand hygiene while providing wound care and incontinence care for Resident #79.<br><br>HA-M failed to perform hand hygiene and change gloves at the appropriate times while providing incontinence care for Resident #40.<br><br>These failures could affect the residents by placing them at risk for the spread of infection.<br><br>Finding included:<br><br>Resident #79<br><br>Review of Resident #79's electronic Face Sheet, not dated, revealed he was a [AGE] year-old male admitted to the facility 11/15/22. He had diagnoses which included heart failure, end stage renal disease, current long-term use of antibiotics, acute osteomyelitis (bone infection), pressure ulcer of right heel stage 4, chronic pain, pressure ulcer of sacral region, systemic lupus erythematosus (an autoimmune disease, with systemic manifestations including skin rash, erosion of joints or even kidney failure), major depressive disorder, dependence on renal dialysis, dependence on supplemental oxygen, chronic atrial fibrillation (a disease of the heart characterized by irregular and often faster heartbeat), Methicillin resistant Staphylococcus aureus (staph infection that is difficult to treat due to resistant to antibiotics), and Type 2 diabetes mellitus.<br><br>Review of Resident #79's Admission Assessment MDS dated [DATE] revealed that he scored 15 out of 15 on his mental status exam indicating that he was cognitively intact and showed no signs of delirium. He had no reported behaviors. He required extensive or total dependence on staff for all ADLs except for eating, for which he only required setup. He had no impairment in range of motion in his upper or lower extremities. He used a wheelchair for mobility. He was always incontinent of bowel and bladder. He was a risk for developing pressure ulcers. He had 1 stage 3 pressure ulcer present at the time of admission. He had 1 unstageable pressure ulcer present at the time of admission. He had a pressure reducing device for his bed, pressure ulcer, care, application of nonsurgical dressings and applications of ointments/medications documented as skin and ulcer treatments.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident #79's Quarterly MDS assessment dated [DATE] revealed he scored 11 out of 15 on his mental status exam indicating moderate cognitive impairment and no signs of delirium. He had no reported behaviors. He required extensive assistance for all ADLs except for eating, for which he required only setup. He had impaired range of motion on both lower extremities. He used a wheelchair for mobility. He was always incontinent of bowel and bladder. He was a risk for developing pressure ulcers. At the time of the assessment, he had 2 stage 4 pressure ulcers that were present at the time of admission to the facility and 1 unstageable pressure ulcer that was facility acquired.<br><br>Review of Resident #79's Care Plan last revised 1/30/23 revealed:<br><br>Problem: Pressure Sores/Skin Care<br><br>Goal: Prevent/Heal pressure sores and skin breakdown<br><br>Approach: follow facility skin care protocol; preventative measures use prevalon style boots for heels while in bed as tolerated, off load heels while in bed; report to charge nurse any redness or skin breakdown immediately; treatment as ordered; turn and reposition every 2 hours and PRN<br><br>Problem: Resident has a pressure ulcer to right heel r/t immobility<br><br>Goal: Resident's ulcer will not increase in size. Ulcer will not exhibit signs of infection.<br><br>Approach: Treatment as ordered cleanse wound with normal saline or wound cleanser apply calcium alginate to wound bed and secure with bordered dressing; assess pressure ulcer for stage, size (length, width and depth), presence/absence of granulation tissue and epithelization, and condition of surrounding skin weekly with wound care team; conduct a systematic skin inspection during treatment, report any signs of further skin breakdown (sore, tender, red, or broken areas); encourage use of prevalon boot to right foot; keep linens clean, dry and wrinkle free.<br><br>Problem: Resident has a pressure ulcer to sacrum r/t immobility.<br><br>Goal: Resident's ulcer will heal without complications.<br><br>Approach: Supplements vit c 500mg PO BID, Pro-Stat 30cc PO BID, Zinc 50mg PO times 14 days; keep resident/responsible party and MD notified of progress of wound; monitor pain each shift and offer PRN pain medication as ordered by MD; supplements as ordered and dietary referral as needed; use cushion provided by family for pressure reduction when resident is in chair; assess the pressure ulcer for stage, size (length, width, and depth), presence/absence of granulation tissue and epithelization, and condition of surrounding skin weekly with wound care team; conduct a systematic skin inspection daily during treatment and measurements weekly with wound care team, report signs of any further skin breakdown (sore, tender, red, or broken areas); keep clean and dry as possible; minimize exposure to moisture.<br><br>Review of Resident #79's orders revealed:<br><br>Ascorbic acid (vitamin c) 500mg 1 tablet by mouth daily (start date 11/29/22)<br><br>Ertapenem 1 gram IV daily for 42 days r/t osteomyelitis (start date 1/13/23 end date 2/24/23)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Multivitamin plus Minerals 1 tablet by mouth daily (start date 11/15/22)<br><br>Pro-Stat AWC (amino acids-protein hydrolys) 17-100 gram-kcal/30ml give 30ml by mouth twice a day (start date 11/29/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing as needed until resolved (twice a day - PRN, morning, bedtime) (start date 11/29/22)<br><br>Area to sacrum cleanse with ns or wound cleanser pack with calcium alginate to wound bed secure with foam border dressing every day until resolved (start date 11/25/22)<br><br>Cleanse right heel with normal saline or wound cleanser apply anasept to wound and secure with a bordered dressing daily (start date 12/29/22)<br><br>Cleanse right heel with normal saline or wound cleanser, apply sure-prep to heel two times daily for preventative (start date 11/25/22)<br><br>Left heel cleanse with ns or wound cleanser and apply sure-prep two times daily for preventative (start date 11/25/22)<br><br>Use prevalon style boots while in bed as tolerated (start date 1/3/23)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on 02/20/23 3:25 PM: RN-V gathered supplies as ordered from treatment cart and placed in resealable plastic bag with resident #79's name written on it and carried bag to resident's room. MDS-RN and LVN-Q entered room and donned (put on) gloves. LVN-Q used hand sanitizer prior to entering resident room. MDS-RN was not observed to use hand sanitizer after entering Resident #79's room. RN-V used hand sanitizer, cleaned tray table with sanitizer wipes and placed wax paper on cleaned tabletop without donning gloves. Removed 2 6inx6in foam border dressing from package and dropped on wax paper, removed 3 saline ampules, 1 can of wound spray, 1 tube of barrier cream, 4inx4in gauze, calcium alginate packing, and cotton tipped applicators from resealable plastic bag and placed on wax paper without donning gloves. RN-V saturated 4x4 gauze with saline without donning gloves. RN-V donned clean gloves. Resident #79 assisted onto his left side by MDS-RN. Dirty dressing and soiled packing removed by RN-V; soiled dressing was dated 2/18/23. Wound appeared beefy red inside, wound edges well-defined and healthy looking, area surrounding wound was bright red in appearance, area appeared larger than size of foam border dressing (6x6in), but no measurements taken during this dressing change. RN-V cleaned wound with saline soaked gauze, patted area dry with dry gauze, opened calcium alginate package and used cotton tipped applicator to pack calcium alginate packing into wound. Clean 6inx6in foam border dressing placed over wound. Resident rolled onto his back then LVN-Q stated, don't forget you have to date time and initial the dressing. MDS-RN assisted resident back onto his left side and RN-V dated and initialed the clean dressing. RN-V did not change gloves in between dirty and clean dressing. RN-V removed her gloves and donned a clean pair. LVN-Q held Resident #79's leg by the calf while RN-V removed Resident #79's right heel dressing, soiled dressing did not appear to have a date and initial on it. RN-V sprayed wound cleanser on right heel wound, applied wound cleanser to wound with cotton tipped applicator, and applied a clean 6x6 foam bordered dressing. RN-V dated and initialed the clean dressing to Resident #79's right heel. RN-V removed her gloves. RN-V donned clean gloves and removed dressing to left heel, wound cleanser and gauze used to clean left heel. MDS-RN stated that there were no orders for the treatment or dressing to the left heel, but the staff do them as a preventative measure. RN-V removed her gloves, collected trash, and left the room. Surveyor attempted to find RN-V for an interview regarding the wound care, but she could not be located for the duration of the shift.<br><br>Interview on 2/24/23 at 4:48 PM LVN-Q stated that wound care with Resident #79 on 2/20/23 performed by RN-V went badly. She stated RN-V should not have needed to be reminded to date and initial the dressings. She stated she would have measured the wounds, but she is unsure of the policies in the facility and does not know if they require measurements with each dressing change. She stated she did not see RN-V wash hands or use sanitizer at any time before or during the dressing changes, but she did see her change her gloves in between each wound. LVN-Q stated that was not the correct procedure for hand hygiene during wound care and could lead to recontamination of the wound. She stated that RN-V was feeling overwhelmed but that was not an excuse. She stated that it was just overall not good.<br><br>Resident #40<br><br>Record review of Resident #40's electronic face sheet accessed on 02/14/2022 revealed a [AGE] year-old female whose most recent admitted was 1/06/2023 to the female secured locked unit with diagnosis to include: fractured left hip, osteoporosis (brittle bones), history of falling, Alzheimer's Disease, and unspecified protein calorie malnutrition (a condition that occurs when you do not consume enough protein and calories).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #40's Annual MDS dated , dated 01/11/2023, revealed a BIMS score interview was 00 which indicated severe cognitive impairment. Further review of MDS, revealed: the resident was always incontinent of both bowel and bladder, and required extensive assistance of 2 people with toileting, and extensive assistance of one person with personal hygiene.<br><br>Record review of Resident #40's care plan dated 05/03/2021 indicated in part: Problem Start Date: 09/09/2022 Category: Urinary Incontinence - I have bowel and bladder Incontinence.<br><br>Short Term Goal Target Date: 03/16/2023 I will establish an individual bowel and bladder routine Approach Start Date: 09/09/2022 Briefs, depends, or pantiliners when out of bed Approach Start Date: 09/09/2022 Catheter care per policy Approach Start Date: 09/09/2022 Check for incontinence (specify how often)<br><br>During an observation on 02/18/23 at 10:30 AM HA-M and the Director of Therapy took Resident #40 into the bathroom in her room. HA-M did not sanitize her hands before applying gloves. HA-M and the Director of Therapy removed the resident's brief. The brief was wet with urine. The resident remained in a standing position facing the toilet with her back to the doorway of the bathroom. HA-M placed a trash bag on the ground and placed some wipes on the bathroom sink. HA-M then pulled the resident's pants down around her ankles and with the resident still standing wiped between Resident #40's legs and up toward her rectum and cleaned the rectal area. HA-M then placed the soiled brief in the trash bag that she had placed on the floor and applied a clean brief on the resident without changing gloves or sanitizing her hands. She then adjusted the residents clothing with the same urine soiled gloves.<br><br>In an interview on 2/18/23 at 10:45 AM HA-M stated there was not anything she could think of that she should have done differently. She stated she had been checked off on Peri care at the facility. She stated the proper time to wash your hands and change gloves is after you have contact with a resident.<br><br>During an interview on 02/18/22 at 10:50 AM the Director of Therapy said she was not a TNA, CNA, or a Hospitality aide. She stated she had previous training as an aide in the past and that HA-M should have sanitized her hands before applying gloves and changed gloves and sanitized her hands before touching the clean brief and the resident's clothing. The Director of Therapy said not changing gloves and sanitizing hands could have led to cross contamination.<br><br>In an interview on 02/18/23 at 11:17 AM the Corporate Clinical Company Leader RN-I stated her expectation was for staff to change gloves when going from a dirty to a clean area and perform hand hygiene between glove changes. She stated failure to do so could lead to the spread of infection. She stated a hospitality aide should not be the only aide assigned to the secure Women's unit. She stated staff should be monitored by competency checks and the charge nurse. She stated the danger of having untrained staff in the behavioral unit could result in harm to the residents.<br><br>Review of facility policy Wound Care revised June 2022 revealed, in part:<br><br>Steps in This Procedure:<br><br>- Perform hand hygiene<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - Put on clean gloves. Loosen tape and remove dressing.<br><br>- Pull glove over dressing and discard into appropriate receptacle. Perform hand hygiene.<br><br>- Put on clean gloves.<br><br>- Apply treatments and dress wounds as ordered by physician.<br><br>- [NAME] tape with initials, time and date and apply to dressing.<br><br>- Discard disposable items into designated container. Remove disposable gloves. Perform hand Hygiene.<br><br>Record review of the facilities policy titled Handwashing/Hand Hygiene, not dated, revealed the following in part:<br><br>Policy Statement<br><br>This facility considers hand hygiene the primary means to prevent the spread of infections.<br><br>Policy Interpretation and Implementation<br><br>1. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.<br><br>2. Residents, family members and/or visitors will be encouraged to practice hand hygiene throughout the facility.<br><br>3. Wash hands with soap and water, when hands are visibly soiled and after contact with resident with an infectious diagnosis.<br><br>4. Use an alcohol-based hand rub containing at least 60% to 95% ethanol alcohol or isopropyl alcohol.<br><br>5. Hand hygiene must be performed prior to donning and after doffing gloves.<br><br>6. Hand hygiene is the final step after removing and disposing of personal protective equipment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>41495<br><br>Based on observations, interviews, and record reviews, the facility failed to maintain an effective pest control management system to ensure the facility was free of pests and rodents.<br><br>The facility failed to effectively remain free of cockroaches on locked unit, dining and common area, and rooms 202 through 211.<br><br>The facility failed to effectively remain free of ants, mice, and/or cockroaches per log.<br><br>These findings placed residents at risk of ill effects of pest infestation.<br><br>Findings included:<br><br>During an observation period of 02/18/23 through 02/24/23, it was noted that cockroaches were seen throughout many rooms and dining area/common area of locked unit rooms 202-211. Cockroaches were seen climbing on surveyor computer screens. They were seen scattering under cabinets, near refrigerator, sink in dining area, and were crawling along tables surveyors were utilizing. Cockroaches were seen throughout all rooms 202-211 on glue traps.<br><br>During an interview on 02/23/23 at 3:00PM with MM, he said the facility just recently changed pest control companies. He believed it had been a change effective 02/01/23. MM said the decision to change companies had been due to continued pest infestation in the facility. He said the new company had inspected the facility at the first of the month and had determined that the former pest control company had not been effective. He said the former company was not spraying for pests and was not baiting the traps to keep pests and rodents out of the facility. MM said they had glue traps throughout the building away from resident direct access to assist with eradicating the pests. He said he felt that the locked unit rooms 202 through 211 and their dining area and common area had a lot of cockroaches because they had moved the residents out of the unit and the cockroaches were out in search of food.<br><br>During an interview on 02/24/23 at 6:45PM, ADM said she had no additional evidence to provide.<br><br>Record Review of Pest Control Logs from 12/13/22 through 02/15/23 revealed:<br><br>Ants-<br><br>12/13/22-Hall 3 in Rm 228<br><br>12/30/22-Unit 2, 218<br><br>01/03/23-Unit 2<br><br>01/11/23-Unit 2 Rm 218<br><br>01/18/23-Rm 218<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675746 | A. Building<br>B. Wing | 02/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coronado Nursing Center | 1751 N 15th St<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 01/24/23-Rm 235<br><br>01/27/23-Unit 2, bathroom tub<br><br>01/27/23-Unit 2, Rm 212 and 214<br><br>02/04/23- Rm 212 and 215<br><br>Cockroaches-<br><br>01/10/23-Hall 4 Rm 237<br><br>01/11/23-Unit 1 hallway<br><br>01/12/23-Rm 121 and 122<br><br>02/01/23-Unit 1<br><br>Mice and/or Mice droppings-<br><br>01/10/23-Rm 223<br><br>01/11/23-Unit 2 Rm 217 and 219<br><br>01/15/23-Rm223<br><br>01/18/23- BOM, hall 4, station 2<br><br>01/27/23-Hallway Unit 2<br><br>01/27/23-Rm 227<br><br>02/02/23-Rm 227<br><br>02/04/23-Rm 227<br><br>Record Review of Facility Policy labeled Pest Control revised 05/2008 revealed: This facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. |