

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER Arbor Grace Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S Henderson Blvd Kilgore, TX 75662	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43872</p> <p>Based on interviews and record reviews, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 10 residents reviewed for wound treatment. (Resident #1).</p> <p>1. The facility failed to provide care for Resident #1's wounds as identified on the resident's physician's orders. Resident #1 was admitted to the hospital due bilateral leg infection. Resident #1 and family reported wound care was not provided consistently. Per record review, Resident #1 reported she did not receive appropriate care and her wounds had gotten worse which led to her inability to ambulate when she was admitted to the hospital.</p> <p>2. Wound care administration of treatment was not recorded as ordered by the physician for Resident #1.</p> <p>This failure could place residents all residents at risk for a failure to improve and/or attain their highest practicable physical, mental, and/or psychosocial well-being.</p> <p>Findings included:</p> <p>Review of Resident #1's Face Sheet, revealed Resident #1 was a [AGE] year old female admitted on [DATE] and transferred to the hospital on 1/4/2023 with diagnoses including: intrahepatic bile duct carcinoma (bile duct cancer), muscle weakness (generalized), other lack of coordination, weakness, difficulty in walking, localized edema, hypertension, acute cystitis with hematuria, essential primary hypertension, gout, COVID-19 12/16/2022, cellulitis of right lower limb, cellulitis of left lower limb, and unspecified jaundice.</p> <p>Review of Resident #1's Care Plan, dated 12/19/2022, revealed no risks or interventions for skin integrity concerns.</p> <p>Review of Resident #1's Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) Score of 13.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER Arbor Grace Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S Henderson Blvd Kilgore, TX 75662	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Wound Evaluation and Management Summaries, dated 12/15/2022 and 12/29/2022, revealed arterial wound of the left leg (Site 1) had increased in size from 15 x 14 x 0.1 cm to 18 x 14 x 1 cm, surface area increased from 210 cm² to 252 cm², and exudate (drainage) increased from none to light serous. Arterial wound of right leg (Site 2) revealed wound size increased from 20 x 16 x 0.1 cm to 20 x 18 x 0.5 cm, surface area increased from 320.00 cm² to 360.00 cm². Wounds to arterial left and right leg had 90% thick adherent black necrotic tissue (eschar), with deteriorated wound progress on 12/29/2022. Dressing treatment plan included to apply abdominal pad apply once daily for 16 days, sodium hypochlorite solution once daily for 30 days, and secondary dressing to be applied once daily for 16 days. Post operative recommendations and updates to the plan of care were documented in the assessment and plan section. Summarization of wound care assessment and individualized treatment plan for site 1 and site 2 of the left and right leg revealed wounds deteriorated due to generalized decline of patient.</p> <p>Review of Resident #1's Progress Notes, dated 01/04/2023, written by LVN A revealed the following: Resident had a 101.2 temperature with confusion. Wound care noted with increased warmth and pain noted. Bilateral lower extremity (leg, ankle, and foot) noted to be warm to touch and with edema. New order received to transfer resident to the hospital for further evaluation.</p> <p>Review of Resident #1's Progress Notes, dated 12/19/2022, written by LVN B revealed: Resident is awake, alert, oriented x 3, skin warm & dry to touch, respirations unlabored, abdomen soft, bowel sounds present x 4, resident is bed bound, incontinent of bowel & bladder. Turned Q (every) 2 hours & prn (as needed). Antibiotic therapy ongoing, with no adverse reactions noted. Diet tolerated without problems, voiding quantity sufficient. Bilateral lower extremities observed with dressings intact, gauze stained with serosanguinous drainage, to be changed every other day, Normal saline, xeroform gauze, & kerlix utilized for dressing change on 12/18/22 .</p> <p>Review of Resident #1's Treatment Administration Record (TAR), from December 2022 through January 2023, revealed the following:</p> <p>*Physician Order, start date of 12/13/2022, for wound treatment to Bilateral Lower Extremity (leg, ankle, and foot), .every day shift every other day for Wound healing. No administration of treatment was recorded on 12/17/2022 through 12/23/2022 as ordered by the physician.</p> <p>*Physician Orders, start date of 12/12/2022, for wound treatment to left inner thigh and sacrum, .daily and PRN (as needed) every day shift for Wound healing. No administration of treatment was recorded on 12/14/2022 through 12/17/2022, 12/19/2022, 12/21/2022, and 12/23/2022 through 12/24/2022 as ordered by the physician. *Physician Order, start date of 12/30/2022, for arterial wounds to right and left leg, sacrum, and left inner thigh treatments to be conducted every day shift. No administration of treatment was recorded for 1/2/2023 as ordered by the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER Arbor Grace Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S Henderson Blvd Kilgore, TX 75662	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Hospital Records, dated 1/4/2023, revealed the following history of present illness: XXX[AGE] year-old female with medical history of unresectable intrahepatic primary biliary tract cancer, chronic lower extremity edema/wound secondary to chemotherapy, osteoporosis, iron deficiency anemia who initially presented to ED from nursing home with chief complaint of worsening bilateral lower extremity wound leading to inability to ambulate today. Patient reports chronic lower extremity edema/swelling secondary to chemotherapy initially started a few months ago. Patient has been staying tin the nursing home for the past few weeks for assistance with wound care. However, patient stated that she has not been receiving appropriate care from a nursing home and her wound has been worsening.</p> <p>Review of Resident #1's Hospital Records, dated 1/4/2023, revealed the following X-ray report: Lower extremity left with contrast: Bilateral leg infections with wounds starting in medial thigh and extending down to toes . Cortical screw from prior surgery is also at the first metatarsal head. Involving a length of 14.5 cm over the lower leg, beginning at the mid tibial shaft and extending inferiorly, there is prominent skin defect with irregular sheet like gas collection in the superficial subcutaneous tissues involving the anterior and lateral aspect of the lower leg. There was no direct extension into the underlying muscular bundles. No fluid expansion of the muscles. No focal abscess cavity was evident. Osseous structures were intact. No aggressive osseous destruction. Prominent edema of the subcutaneous tissues of the foot also evident without soft tissue gas. Extensive ulceration of the subcutaneous tissues of the lower leg without invasion of the underlying muscle or bone. No drainable abscess is evident.</p> <p>Review of Resident #1's Hospital Records, dated 1/4/2023, revealed the following X-ray report: Lower extremity right with contrast: bilateral leg infections. Extensive subcutaneous gas/cellulitis involving the lower leg. No evidence of muscular or osseous involvement. No drainable fluid collections are apparent. Prominent cellulitis/edema of the foot is also evident without internal gas. Right hip arthroplasty. Reactive appearing right inguinal lymph nodes. IMPRESSION: Cellulitis BLE (bilateral lower extremity). Prominent cellulitis/edema of the foot is also evident without internal gas. Right hip arthroplasty. Reactive appearing right inguinal lymph nodes. REVIEW OF SYSTEMS: General: negative for fever, chills, sweats, weakness. Neurological: negative for headache, dizziness, confusion. Psychological: negative for anxiety, depression, agitation.</p> <p>Interview on 01/06/2023 at 3:37 PM, Resident #1 and representative (RP) said Resident #1 did not receive wound treatment every day as ordered by the physician and had not received wound care while on the COVID-19 unit. Resident #1's representative said that she believed the wounds were not treated every day as ordered and could have possibly caused infection. Resident #1's representative said the resident will not be returning to the facility and that Resident #1 did not report concerns to the facility. Resident #1's representative said the resident remained in the hospital and had not been diagnosed with gangrene, but that there were x-ray findings of gas under the tissue. Resident #1's representative said she had visited Resident #1 often at the nursing facility and had not noticed any change in her mood or behavior. Resident #1's representative said she did not realize that wound care was not being conducted on Resident #1 until Resident #1 told her after being sent to the hospital on 1/4/2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER Arbor Grace Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S Henderson Blvd Kilgore, TX 75662	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/06/2023 at 2:04 PM, ADON A said Resident #1 had missed wound care over the weekend on Monday, 1/2/2023, when routine staff were off due to the holidays. ADON A said she was ultimately responsible for providing wound care along with ADON B, RN A, and RN B. ADON A said she had observed dates longer than two days on a dressing that should have been changed prior in accordance with physician orders. ADON A said nurses were aware that when wound care nurses are not available, treatment should be done in accordance with the orders. However, there were issues with agency nurses not doing treatments and that have been addressed numerous times. ADON A said she spoke with RN A and the DON spoke with agency staff about wounds being addressed and that it is serious to make sure they are getting done. ADON A said RN A explained that during wound treatments on 01/02/2023, one of the nurses tested positive for COVID-19 and RN A was pulled to the floor and did not complete remaining wound treatments. ADON A said RN A did not relay information on wound treatments not being completed on 01/02/2023 until after identifying that physician orders were not followed and talking with her. ADON A said she identified wound treatments were not completed as ordered by the physician upon treatment review on Tuesday, 01/03/2023. ADON A said on 01/03/2023, she reviewed treatment administration records and checked on residents when she noticed the date on the bandage for Resident #1 had not been changed. ADON A said the resident did not report any concerns. ADON A said she did not notify Resident #1's representatives that wound treatments not completed on 01/02/2023 and that the DON and wound care physician were notified and aware.</p> <p>Interview on 01/06/2023 at 11:55 AM, CNA A said she had to check resident wound dressings and get them up and ready. She said there were multiple times she noticed a resident's bandage was dated older than two days. CNA A said an unknown male spouse was upset a couple of weekends ago regarding his wife's wound care and believed she had the same dressing on from the hospital. CNA A said she did not remember the residents name, and that the spouse felt ADON A lied to him about the dressing being changed.</p> <p>Interview on 01/06/2023 at 3:33 PM, the Wound Care Physician said he had no concerns and was not aware of any residents not receiving wound care as ordered. The Wound Care Physician said he did not visit the COVID-19 unit to provide treatment and that nursing staff would be responsible for notifying him of any concerns. The Wound Care Physician said that ADON B conducted resident rounds with him once a week.</p> <p>Interview on 1/6/2023 at 3:43 PM, the DON said she was not aware of any wound care that was not provided and had no concerns with wound care provided by agency staff. She said RN A and RN B would be responsible for providing wound care on the weekends including Mondays. The DON said if wound care was not provided staff protocol was to notify her and the physician. She said if treatments and wound care was not provided it could affect all residents and the wound could get worse or progress.</p> <p>Interview on 1/06/2023 at 4:30 PM, ADON B said it was important for all residents to receive wound care treatment as ordered because the wounds can get worse, sepsis or infections may occur if the wound is bad enough, and if it is a physician's order, they must follow physician's orders. ADON B said wound care treatment was provided on the TAR. She said she never had a problem with someone not doing the treatments and has been employed since July 2022. ADON B said if a wound treatment was not done, she would first do the treatment, find out why the treatment was not completed, and work to find out what was going on with the nurse responsible for treatment and take action to see why the nurse was not completing her job.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER Arbor Grace Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S Henderson Blvd Kilgore, TX 75662	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 1/10/2023 at 8:20 AM, RN A said she was new at the facility employed since December 2022. She said she was responsible for wound care along with RN B, ADON A, and ADON B. RN A said the last took care of Resident #1 on Monday, 1/2/2023, and did not conduct wound care on her. ADON A said she had talked to the agency nurse and a regularly employed nurse about how to provide wound care on the resident since she was pulled to the floor. ADON A said she did not remember the agency or facility employed nursing staff assigned to that unit she reviewed wound care information with. ADON A said the nurses assigned to that unit were responsible for conducting wound care for her that day, 1/2/2023, and did not know if wound care was completed on Resident #1. RN A said it was important for wound care to be provided per physician orders. It could lead to infection and lead to different things if it is not performed according to physician orders.</p> <p>Review of Employee Personnel Record for RN A revealed no disciplinary action letters or concerns.</p> <p>Record review of facility's policy titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, revised April 2018, revealed that: 1. The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.) and application of topical agents. 2. The physician will help identify medical interventions related to wound management; for example, treating a soft tissue infection surrounding an ulcer, removing necrotic tissue, addressing comorbid medical conditions, managing pain related to wound or to wound treatment, etc.</p> <p>Record review of facility's policy titled, Progressive Discipline, no date, revealed the following: The Company's philosophy is to hold each employee to a high standard of professional conduct. Employees must follow departmental procedures. Employees must perform responsibilities in an appropriate manner and at assigned times. Your supervisor will determine the appropriate level of discipline in each case.</p>		