

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to implement its written policies and procedures that prohibit and prevent abuse, neglect, and exploitation for 1 of 29 residents (Resident #99) whose care was reviewed, in that:</p> <p>The facility did not report to the State Survey Agency (HHSC) an alleged allegation of abuse for Resident #99.</p> <p>This deficient practice could place residents at risk for abuse, neglect, and exploitation.</p> <p>The findings were:</p> <p>Record review of the facility's policy titled Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, dated 11/28/2017, revealed, It is the policy of this Facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property, exploitation and mistreatment. Under Procedures read, In response to allegations of abuse, neglect, exploitation, or mistreatment, the Facility will: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to: The Administrator of the Facility, The State Survey Agency and Adult Protective Services (as appropriate).</p> <p>Record review of Resident #99's face sheet, dated 02/28/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].</p> <p>Record review of Resident 99's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 10, which indicated the resident was severely cognitively impaired.</p> <p>Record review of grievance for Resident #99, dated 01/19/2020, revealed summary statement, during night of (1/8/2020), Saturday night. Had light on for long time needing to go to restroom. Had 2 accidents that never happens. When aid (CNA O) came in she yelled 'I'm busy' and told (Resident #99) to hurry and get up. (Resident #99) told her she couldn't hurry because of fractured back last January. The aid (CNA O) proceeded to tell (Resident #99) what all she had to do. (Resident #99) told her no one had ever talked to her that way and aid (CNA O) said, 'you pissed me off.</p> <p>During an interview with Resident #99 on 02/28/2020 at 9:42 a.m., the resident stated she had no issues with staff and they were nice. Resident #99 had no recollection of the incident.</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: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON and Administrator on 02/28/2020 at 9:47 a.m., the DON and Administrator confirmed Resident #99's alleged allegation of abuse was not reported to HHSC. The DON and Administrator confirmed understanding of possible abuse types included verbal and emotional.</p> <p>Record review of CNA O's, undated, summary for training revealed CNA O completed Abuse and Neglect training on 11/18/2019.</p> <p>Record review of new hire/licensed/unlicensed worksheets, completed 02/28/2020, revealed all sampled staff had completed abuse training.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment and that described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 29 residents (Resident #134) whose care plans were reviewed, in that:</p> <p>Resident #134's care plan indicated the resident was Full Code, but the resident was DNR.</p> <p>This deficient practice could place residents at risk of not having their desired code status granted.</p> <p>The findings were:</p> <p>Record review of Resident #134's face sheet, dated [DATE], revealed the resident was admitted to the facility on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. Further review revealed, Advance Directive: DNR with comfort measures only.</p> <p>Record review of Resident #134's Significant Change MDS, dated [DATE], revealed the resident had a BIMS score of 13, which indicated the resident was cognitively intact.</p> <p>Record review of Resident #134's clinical record revealed an Out-Of-Hospital Do-Not-Resuscitate Order (OOH-DNR) form dated [DATE] signed by Resident #134, two witnesses, and the resident's physician.</p> <p>Record review of Resident #134's comprehensive care plan, dated [DATE], revealed, (Resident #134) has chosen to be a Full Code (a process that can include chest compressions, intubation, and defibrillation and is referred to as CPR).</p> <p>During an interview with the DON on [DATE] at 3:36 p.m., the DON confirmed Resident #134's care plan indicated the resident was a Full Code. The DON further confirmed the resident's care plan was incorrect because when the resident's code status was changed on [DATE] to DNR, the date of the resident's OOH-DNR, the care plan should have been changed.</p> <p>Record review of the facility's policy titled Nursing Administration, revised ,[DATE], revealed, It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident and update care plans as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who need respiratory care is provided such care, consistent with professional standards of practice for 1 of 29 residents (Resident #84) reviewed for respiratory care, in that:</p> <p>Resident #84's oxygen concentrator had a dirty filter.</p> <p>This deficient practice could place residents who received oxygen therapy at risk for incorrect oxygen support and respiratory complications.</p> <p>The findings were:</p> <p>Record review of Resident #84's face sheet, dated 02/27/2020, revealed the resident was admitted to the facility on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED].</p> <p>Observation on 02/25/2020 at 10:15 a.m., during initial tour, revealed Resident #84's oxygen concentrator's filter was covered with a thick layer of gray dust.</p> <p>Record review of Resident #84's Quarterly MDS, dated [DATE], revealed the resident had a BIMS of 11, which indicated the resident was moderately cognitively impaired.</p> <p>Record review of Resident #84's clinical orders, dated 02/04/2020, revealed an order for [REDACTED].</p> <p>During an interview with LVN N on 02/25/2020 at 11:30 a.m., LVN N confirmed Resident #84's oxygen concentrator's filter was covered with a thick layer of gray dust. LVN N further confirmed the facility's policy was to clean or replace filters every Sunday.</p> <p>Record review of the facility's policy titled Nursing Clinical - Licensed Nurse Procedures, Subject: Oxygen Equipment, revised 05/2007, revealed, C. 4. Oxygen concentrator filters will be cleaned every week or according to manufacturer's recommendations.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 9 residents (Resident #39) reviewed for records, in that:</p> <p>The facility did not have a order on Resident #39's physician's orders [REDACTED].</p> <p>This deficient practice could place residents at risk of not receiving the care and services needed due to inaccurate or incomplete clinical records.</p> <p>The findings were:</p> <p>Record review of Resident #39's face sheet, dated 02/28/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED].</p> <p>Record review of Resident #39's Significant Change MDS, dated [DATE], revealed a staff assessment of the resident's cognition which indicated the resident had short-term and long-term memory problems and had severely impaired cognitive skills for daily decision making.</p> <p>Observation on 02/27/2020 at 12:36 p.m., during medication administration, revealed LVN D dissolved Resident #39's [MEDICATION NAME] 1 GM in water before administering the medication to the resident via (by way of; through) the resident's [DEVICE].</p> <p>Record review of Resident #39's physician's orders [REDACTED].-Tube.</p> <p>Record review of Resident #39's MAR for (MONTH) 2020, dated 02/28/2020, revealed there was no order listed for the resident's [MEDICATION NAME] 1 GM to be dissolved in water before administering the medication to the resident via the resident's [DEVICE].</p> <p>During an interview with LVN D on 02/27/2020 at 12:36 p.m., at the same time as the observation, LVN D confirmed there was no order to crush or dissolve medications in Resident #39's physician's orders [REDACTED].#39's MAR.</p> <p>Record review of the facility's policy titled Care and Treatment - Medication & Treatment Orders, revised 05/2007, revealed, it is the policy of this facility that medications and treatments are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain medical records on each resident that were accurate and complete in accordance with accepted professional standards and practices for 1 of 9 residents (Resident #12) reviewed for records, in that:</p> <p>The facility did not document on Resident #12's MAR indicated [REDACTED].</p> <p>The deficient practices could place residents at risk of not receiving the care and services needed due to inaccurate or incomplete clinical records.</p> <p>The findings were:</p> <p>Record review of Resident #12's face sheet, dated 02/28/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED].</p> <p>Record review of Resident #12's Admission MDS, dated [DATE], revealed the resident had a BIMS score of 11, which indicated the resident was moderately cognitively impaired.</p> <p>Observation on 02/27/2020 at 10:12 a.m., during medication pass, revealed MA C crushed Resident #12's [MEDICATION NAME] 325 mg (2 tablets) before administering the medication to the resident.</p> <p>Record Review of Resident #12's physician's orders [REDACTED].</p> <p>Record review of Resident #12's MAR for (MONTH) 2020 revealed there was no order to crush the resident's medications for administration.</p> <p>During an interview with RN B on 02/27/2020 at 10:17 a.m., RN B confirmed there was no order on Resident #12's MAR for (MONTH) 2020 which indicated the resident's medications could be crushed for administration.</p> <p>Record review of the facility's policy titled Care and Treatment - Medication & Treatment Orders, revised 05/2007, revealed, it is the policy of this facility that medications and treatments are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 6 of 28 (Housekeeper J, CNAs K and L, BOM, and MA G, Dietary Aide I) employees reviewed for infection control, in that:</p> <ol style="list-style-type: none"> Housekeeper J was not offered [MEDICAL CONDITION] screening during orientation. CNAs K and L, the BOM, and MA G were not offered [MEDICAL CONDITION] screenings within the past year. Dietary Aide I was not offered a [MEDICAL CONDITION] vaccination. <p>These failures could place residents at-risk of infectious diseases and a physical decline in health.</p> <p>The findings were:</p> <ol style="list-style-type: none"> Record review of Housekeeper J's personnel file revealed Housekeeper J, hire date 11/01/2019, was not offered [MEDICAL CONDITION] screening during orientation. Record review of CNA K's personnel file revealed CNA K, hire date 12/07/2017, was not offered [MEDICAL CONDITION] screening within the past year. Record review of the BOM's personnel file revealed the BOM, hire date 04/25/1988, was not offered [MEDICAL CONDITION] screening within the past year. Record review of MA G's personnel file revealed MA G, hire date 11/26/2006, was not offered [MEDICAL CONDITION] screening. Record review of CNA L's personnel file revealed CNA L, hire date 07/05/2008, was not offered [MEDICAL CONDITION] screening within the past year. Record review of Dietary Aide I's personnel file revealed Dietary Aide I, hire date 11/01/2019, was not offered the [MEDICAL CONDITION] vaccination. <p>During an interview with the DON on 02/28/2020 at 9:50 a.m., the DON confirmed Housekeeper J was not offered [MEDICAL CONDITION] screening during orientation, and further confirmed CNAs K and L, the BOM, and MA G were not offered [MEDICAL CONDITION] screenings within the past year. The DON confirmed Dietary Aide I was not offered the [MEDICAL CONDITION] vaccination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's policy titled Infection Control Policy/Procedures: [MEDICAL CONDITION] Immunization Program, dated 06/2007, revealed, 1. Employees who perform tasks requiring exposure to blood and other potentially infectious materials per exposure determination will be offered the [MEDICAL CONDITION] Vaccine free of cost.</p> <p>Record review of the facility's policy titled Infection Control Policy/Procedure: TB ([MEDICAL CONDITION]) Screening for Employees, dated 05/2007, revealed, All employees will be tested with intermediate PPD before employment, periodically as determined by the facility (based on the risk of TB ([MEDICAL CONDITION]) in the facility), and after any suspected exposure to a documented case of active [MEDICAL CONDITION] (if the exposed employee is [MEDICATION NAME]-negative).</p> <p>Based on interview and record review, the facility failed to ensure staff were given the opportunity to receive or decline the [MEDICAL CONDITION] vaccine for 1 of 5 employees (Dietary Aide I) reviewed for [MEDICAL CONDITION] vaccination, in that:</p> <p>Dietary Aide I was not offered a [MEDICAL CONDITION] vaccination.</p> <p>This failure could place residents at risk for infectious diseases.</p> <p>The findings were:</p> <p>Record review of Dietary Aide I's personnel file revealed Dietary Aide I, hire date 11/01/2019, was not offered the [MEDICAL CONDITION] vaccination.</p> <p>During an interview with the DON on 02/ 0 at 9:50 a.m., the DON confirmed Dietary Aide I was not offered the [MEDICAL CONDITION] vaccination.</p> <p>Record review of Facilities policy titled Infection Control Policy/Procedures: [MEDICAL CONDITION] Immunization Program, dated 06/2007, under Procedures revealed 1. Employees who perform tasks requiring exposure to blood and other potentially infectious materials per exposure determination will be offered the [MEDICAL CONDITION] Vaccine free of cost.</p>		