STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722 Based on observation, interview, and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the comprehensive assessment for 2 (Resident #2 and Resident #20) of 4 residents reviewed for care plans. The facility failed to develop and implement a comprehensive person-centered care plan that addressed bed and chair alarms for Resident #2. The facility failed to develop and implement a comprehensive person-centered care plan that addressed a chair alarm for Resident #20. These failures could place residents at risk for falls and/or injury, negatively impact the resident's quality of life, as well as the quality of care and services received. Findings included: 1.Review of Resident #2's face sheet revealed a [AGE] year-old male admitted on [DATE] with medical diagnoses of fracture of the pelvic bone, dementia, type 2 diabetes, heart disease, and osteoporosis. Review of Resident #2's Admission MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score a BIMS score of 9 out of 15 indicating moderate cognitive impairment. Review of Resident #2's Comprehensive Care Plan dated 12/06/2023 revealed a focus problem of Falls: Resident has the potential for falls related to recent fall with pubic fx and impaired cognition with poor safety awareness. Interventions for the focus on falls included: Educate the resident/family/caregivers about safety measures and what to do if a fall occurs, Encourage socialization and activity attendance as tolerated, Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility., Fall Risk Screening upon admission and quarterly to identify risk factors. and Place the resident's call light is within reach and encourage the resident to use it for assistance as needed. (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
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 01/30/24 at 09:20 AM, Resident #2 was sitting in a wheelchair in his room. A pressure pad alarm was noted on his bed and a magnetic pull cord chair alarm was attached to the wheelchair and clipped on the resident. Resident #2 stated when he tried to stand the alarm lets the staff know he needs help. 2.Review of Resident #20's Face Sheet revealed an [AGE] year-old female initially admitted on [DATE] with a recent admitted [DATE]. Resident #20's medical diagnoses included kidney disease, psychotic disorder with hallucinations, Type 2 diabetes, blood clots in the legs, back pain, difficulty walking, right shoulder pain, difficulty with swallowing, weakness, night terrors, high cholesterol, heart failure, heartburn, and impaired cognition. Review of Resident #20's Annual MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score a BIMS score of 00 indicating the resident was unable to complete the interview. Review of Resident #20's Comprehensive Care Plan initiated 04/18/2018 and reviewed/revised12/27/2023 revealed a focus problem of Falls: Resident has the potential for falls related to cognitive impairment, antihypertensive drug use, Psychoactive drug use, Gait/balance problems, Fall Risk Score >10 and night terrors. Interventions for the focus on falls included: Alarm when in bed due to poor safety awareness, Anticipate and meet the resident's needs. Place items frequently used by the resident within easy reach when in the room. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs, Encourage socialization and activity attendance as tolerated, Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility, Ensure that the resident is wearing appropriate footwear when ambulating or mobilizing in wheelchair, Fall Risk Screening upon admission and quarterly to identify risk factors, Keep bed in lowest position when not providing care, Place the resident's call light is within reach and encourage the resident to use it for assistance as needed, Review information on past falls and attempt to determine cause of falls, Record possible root causes. Alter or remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes, and Therapy for strengthening. During an observation on 01/29/24 at 03:25 PM, Resident #20 was self-propelling her wheelchair in the day room. A magnetic pull cord chair alarm was attached to the wheelchair and clipped on the resident. During an interview on 01/31/24 at 11:37 AM, the DON stated Resident #20 had a bed and chair alarm due to her tendency to lean in her chair and the alarm notified staff that the resident needed to be repositioned. The DON stated she was not sure if the facility had a policy to address justifying the use of an alarm. The DON was unable to recall requirements for placing an alarm. During an interview on 01/31/24 at 01:15 PM, the DON stated resident with alarms should have a provider order, an assessment should be completed, and the care plan updated to include the alarm(s). During an interview on 01/31/24 at 02:45 PM, LVN L stated residents on the unit had chair alarms to notify staff that residents were getting up and give them time to get to the resident to prevent the falling. She stated residents with alarms had a history of multiple falls, were assessed for alarms and orders were written and the care plan would be updated. LVN L stated she did not feel residents were being restrained, that it was more a safety issue. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/31/24 at 03:25 PM, with the DON and ADON, the ADON stated a provider order was not required to place bed or chair alarms. The DON stated her expectations when bed and/or chair alarms were placed, an assessment was done first. Once an assessment indicated a need for a bed and/or chair alarm, the care plan was updated, and a monitoring plan was put in place. The DON was not able to state a reason why the failure occurred. Review of the facility policy titled Comprehensive Care Plans dated 02/10/21 revealed It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. 45216

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45732 Based on observation, interview, and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan for 1 of 6 residents (Resident #77) reviewed for quality of care. The facility failed to follow physician's order for daily weights for Resident #77 for 01/26/2024 and 01/27/2024. These failures could place residents at risk for decreased level of functioning and quality of life. Findings included: Review of Resident #77's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses to include: Sepsis, Pneumonia, respiratory failure, and congestive heart failure. Review of Resident #77's Admission MDS dated [DATE], revealed: Section C: Cognitive Patterns a BIMS score of 14 indicated no cognitive impairment. Further review revealed: Section K: Weight 200.4 lbs Review of Resident #77's Comprehensive Care Plan initiated 01/22/2024, revealed: Focus: The resident has congestive heart failure. Goal: The resident will be free from complications related to CHF through the review date. Interventions: Monitor/document/report to MD PRN any s/sx of CHF: dependent edema of legs and feet .weight monitoring per physician's orders. Review of Resident #77's electronic physicians' orders revealed: Daily weight every day shift for edema for 7 days. Notify physician of weight of 3lbs or grater in 24 hours with a date of 01/26/2024. Review on 01/26/2024 of Resident #77's electronic record revealed no evidence of a weight obtained. Review on 01/27/2024 of Resident #77's electronic record revealed no evidence of a weight obtained. Review on 01/28/2024 of Resident #77's electronic record revealed weight of 206.4 lbs. Review on 01/29/2024 of Resident #77's electronic record revealed weight of 209.8 lbs. Review on 01/30/2024 of Resident #77's electronic record revealed weight of 210.1 lbs. Review of Resident #77's electronic progress note, dated 01/30/2024 at 9:15 am signed by LVN I, revealed: CHF clinic contacted again to f/u on resident's edema. Spoke with office and informed them of edema to BLE and weight gain. Also requested all notes from previous visits. Office to notify provider and appointment scheduled for 1/31/24 @ 0930. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0684 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #77's electronic progress note, dated 01/31/2024 at 11:47 am signed by LVN I, revealed: Resident attended appointment with CHF clinic today for f/u d/t BLE edema. Weight gain was noted by provider. 3-4+ edema present to BLE. Labs performed at appointment. Orders given by provider for the following: stop Lasix, start torsemide 20mg PO BID. Family member was present at appointment and aware. Review of Resident #77's CHF Clinic Patient Summary, date 01/31/2024, revealed: The patient is seen today as emergent work-in appointment. Her weight is up 7 lbs. from the last appointment one week ago. She has 3 to 4+ edema to lower legs bilaterally with weeping from the legs. She was seen in trauma center for cellulitis and was started on antibiotics. She is in a wheelchair. The patient feels like Lasix is no longer effective in keeping her swelling controlled. The patient was given 40 milliequivalents of potassium. She was also given 80 milligrams of IV Lasix for her weight gain and heart failure symptoms. During an observation and interview on 01/29/24 at 12:13 PM, revealed Resident #77 sitting in recliner and resident family member sitting on her bed. Resident #77's legs were swollen, red, and not elevated. No signs or symptoms of respiratory acute distress noted. Resident denied pain or any shortness of breath. Resident #77's family member stated Resident #77 had a history of problems with swelling and fluid overload. During an observation and interview on 01/31/24 at 2:00 PM, Resident #77 was up in wheelchair just returning from her visit the CHF clinic. No signs or symptoms of respiratory acute distress noted. Resident denied pain or any shortness of breath. Resident stated she received liquid Lasix for her swelling and that she was going to pee all night. During an interview on 01/31/24 at 03:00 PM, the DON stated stated she was ultimately responsible for monitoring and ensuring that all physicians orders were followed. During interview on 01/31/2024 at 8:00pm, DON and Administrator stated the facility did not have a policy for following physician's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722 Based on interview and record review the facility failed to ensure that the resident environment remained as free of accident hazards as possible for one (Resident #20) of three residents reviewed for accident hazards. The facility failed to ensure that Resident #20's fall matt was placed beside her bed as ordered by physician. This failure could put residents at increased risk for accidents and injury. Findings include: Review of Resident #20's Face Sheet revealed an [AGE] year-old female initially admitted on [DATE] with a recent admitted [DATE]. Resident #20's medical diagnoses included psychotic disorder with hallucinations, blood clots in the legs, back pain, difficulty walking, right shoulder pain, weakness, night terrors, and impaired cognition. Review of Resident #20's Annual MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score a BIMS score of 00 indicating the resident was unable to complete the interview. Review of Resident #20's Comprehensive Care Plan initiated 04/18/2018 and reviewed/revised12/27/2023 revealed the following focused areas: *Falls: Resident has the potential for falls related to cognitive impairment, antihypertensive drug use, Psychoactive drug use, Gait/balance problems, Fall Risk Score >10 and night terrors. An Intervention for the focus on falls included using an Alarm when in bed due to poor safety awareness, *Fall Risk Screening upon admission and quarterly to identify risk factors, An intervention was to Keep bed in lowest position when not providing care, Review of Resident #20's physician orders reviewed on 1/31/2024 revealed: Low bed with mat to prevent injuries. Ensue placement of mat beside the bed and furniture away from bed. Every shift for Resident safety. During an observation on 01/30/2024 at 1:24 PM Resident #20 was lying in her bed sleeping, fall mat was not beside the bed. Resident #20's fall mat was observed propped against the opposite wall in her room. During an interview on 01/31/2024 at 02:45 PM LVN L stated Resident #20 was supposed to have floor mat beside her bed when she was laid in her bed. LVN L stated Resident #20 tried to get out of bed and could have hurt herself if the mat was not next to bed. LVN L stated if she had rolled out of bed, she could have hurt herself, if the mat was not in place. LVN L stated CNA and nurse were responsible to ensure the mat was placed back next to bed. LVN L did not have a reason for the failure, she stated the mattress was in room so it should have been put back beside her bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/31/2024 at 3:45 PM the DON stated if residents were ordered to have a fall mat they should have had a fall mat beside the bed any time they were in bed. The DON stated nurses and aides were responsible to ensure the fall mats were in place before leaving the resident's room. The DON stated not having the fall mats in place could have caused residents to be injured. The DON stated the failure of not placing the fall mat beside resident's bed could have been staff gotten busy and forgot to replace the fall mat at the bedside. During exit conference on 01/31/2024 at 8:00 PM the DON and ADMN stated they did not have any other policies to provide.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 44722 Based on interviews and record reviews, the facility failed to ensure staffing information was posted in a prominent place readily accessible to residents and visitors that included: The total number and the actual hours worked by the registered nurses, licensed practical nurses or licensed vocational nurses and certified nurse aides directly responsible for resident care per shift for 1 of 3 days reviewed. The facility failed to ensure the daily staffing information was posted in a prominent location on 01/30/2024. This failure could place residents, their families, and visitors at risk of not knowing how many staff are currently working to provide care on all shifts. Findings Included: During an observation on 01/30/2024 at 9:12 a.m., daily staffing posted in hallways for previous date of 01/29/2024. During an observation on 01/30/2024 at 3:31 p.m., daily staffing posted in hallways for previous date of 01/29/2024. During an interview on 01/31/2024 at 11:36 a.m., the ADMN stated LVN C was responsible for making sure daily staffing was posted. During an interview on 01/31/2024 at 1:41 p.m., LVN C stated she was responsible for posting staffing daily. She voiced that on 01/30/2024 she had to work on Unit 3 performing direct care and had forgotten to post staffing that day. LVN C stated the effect of not posting daily would be that the resident and family members would not be notified of staffing numbers for that day. She stated that they may not be comforted that their loved ones were taken care of without those numbers. During an interview on 01/31/2024 at 2:26 p.m., the ADMN stated that DON was responsible for monitoring that daily staffing was posted. During an interview on 01/31/2024 at 2:38 p.m., the DON stated it was her responsibility to monitor that daily staffing was posted daily. She stated that LVN C having to fill in on Unit 3 was why it was not posted on 01/30/2024. The DON stated no negative outcome would come of daily staffing not being posted because their residents' and families of the residents new the facility and loved them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Review of policy titled nurse staffing posting guidelines dated 11/04/2017 revealed: It is the policy of this facility to make staffing information readily available in a readable format to residents and visitors at any given time . The nurse staffing information will be posted on a daily basis and will contain the following information: Facility name, The current date, Facility's current resident census, The total number and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift .registered nurses .licensed vocational nurses .certified nurse aides .the facility will post the nurse staffing data at the beginning of each shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41653 Based on observation, interview, and record review, the facility failed to prevent significant medication error for 1 of 33 residents (Resident #77) reviewed for pharmacy services. The facility failed to follow physician's order by not administering Lasix 20mg (diuretic medication to reduce swelling) as needed every 24 hours for Resident #77. These failures could place residents at risk for decreased level of functioning and quality of life. Findings included: Review of Resident #77's electronic face sheet revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses to include: Sepsis, Pneumonia, respiratory failure, and congestive heart failure. Review of Resident #77's Admission MDS dated [DATE], revealed: Section C: Cognitive Patterns a BIMS score of 14' indicated no cognitive impairment. Review of Resident #77's Comprehensive Care Plan initiated 01/22/2024, revealed: Focus: The resident has congestive heart failure. Goal: The resident will be free from complications related to CHF through the review date. Interventions: Monitor/document/report to MD PRN any s/sx of CHF: dependent edema of legs and feet .weight monitoring per physician's orders. Review of Resident #77's electronic physicians' orders revealed: Start date 01/19/2024, Discontinued 01/31/2024: Furosemide (Lasix) oral tablet 20 MG give 1 tablet every 24 hours as needed for swelling Start date 02/01/2024: 1500mL Fluid Restriction: Med Pass Fluids: Up to 600mL. Total AM: 240mL. Afternoon: 120mL. PM: 240mL. Meal Fluids: Up to 600mL. Total Breakfast: 120mL. Lunch: 240mL. Supper 240mL. Free Fluids: 300mL Start date 01/27/2024: Daily Weights Start date 02/02/2024: Edema Bilateral Legs: Monitor every Shift from increase edema or dressing rolling down. 1. Cleanse bilateral Les with dermal wound cleanser. 2. Apply Webril and Tubigrip D from base of toes to just below knees. 3. Change dressings PRN. Start date 01/31/2024: Torsemide Oral Table 20mg Give tablet by mouth two times a day. Review of Resident #77's Admit Evaluation, dated 01/19/2024 completed by RN D, revealed: 3+ edema (swelling) to bilateral lower extremities with discoloration. Review of Resident #77's electronic progress notes revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	01/19/2024 at 4:30pm signed by RN D: 3+ edema to bilateral lower extremities with discoloration. 01/20/2024 at 07:14 pm signed by RN E: +2 to +3 edema to BLE and Fluid restriction 1500 cc. 01/21/2024 at 03:47 am signed by RN F: the resident has mild pitting edema. 01/22/2024 at 04:53 pm signed by RN D: resident noted to have an increase in edema this shift to BLE. The resident has deep pitting, the indentation remains for a short time, looks swollen to. 01/23/2024 at 04:57 pm signed RN D: resident noted to have an increase in edema this shift to BLE; Resident requested to be laid in bed. Legs elevated. The resident has deep pitting, the indentation remains for a short time, looks swollen to. 01/24/2024 at 02:52 am signed by RN G: The resident has deep pitting, the indentation remains for a short time, looks swollen to. +2 to +3 edema to BLE; Fluid restriction 1500 cc. 01/25/2024 at 02:53 am signed by RN F: The resident has moderate pitting edema; indentation subsides rapidly to. Further review of electronic progress notes revealed no evidence of notifying the physician. 01/26/2024 at 03:07 pm signed by LVN H: The resident has moderate pitting edema; indentation subsides rapidly to. Resident continues to have increased edema to BLE. Continues to monitor resident for c/o pain to site, continue to provide PRN Lasix per orders for edema. Continue to encourage resident to elevate extremities. Resident dangles legs a majority of the day, unless resting in bed. Resident is aware of edema and our concerns. Lab results in review of physician at this time. Residents' family expresses concern about edema. Resident has history of diuretic secretion disorder. Nurse Practitioner in facility assessed resident this shift. Awaiting response. 01/26/2024 at 03:55 pm signed by LVN I: Edema present to BLE, 3+. Receives Lasix 20mg QD PRN for edema. Residents' family member expresses concern regarding edema and Lasix and would like to have Lasix scheduled daily. Nurse Practitioner aware of family members concerns and is reviewing. Placed on daily weights at this time x7 days. 01/26/24 at 4:27 PM signed by Nurse Practitioner: Resident #77 is lying in bed, alert, and smiling. She states that she does have some slight pain to her legs. Nursing staff reports edema to bilateral lower legs that causes the patient some discomfort with ROM and with transfers. Pitting Edema 3+ pitting edema noted to bilateral lower extremities. No s/sx of cellulitis noted at this time. Will advise to obtain daily weight X7 days and notify provider of >3 lb. wt. gain noted. Follow up in one week. 01/27/2024 at 01:33 pm signed by RN E: Upon daily assessment, resident's BLE noted at +4 edema to BLE with erythema and purple discoloration from feet to knees with erythema and edema moving up the inner and outer bilateral thighs. BLE warm and sensitive. Resident received new order for Lasix. Resident was to lay down with BLE elevated and Lasix administered. Will re-evaluate in 2-hours to re-assess for worsening erythema, warmth, and/or pain. Family member notified via phone with no questions or concerns at this time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	01/27/2024 at 05:57 pm signed by RN E: Resident's BLE re-assessed, and edema and purple discoloration improved and found to be erythematous, warm, and painful with erythema traveling up the inner and outer bilateral thighs. Physician notified and gave new order to send to ER to evaluate for possible cellulitis to the BLE. Resident is sitting up in bed, alert & oriented to baseline without confusion or distress at this time. Pain to BLE rated 4/10 and tender to touch. Family member notified via phone and requested resident be sent to hospital and will meet her there shortly. 01/28/2024 at 05:38 am signed by RN G: Resident returned from ER with new order for Clindamycin 300 mg TID for cellulitis and was initial dosed. Monitor edema. Daily weight. Monitor for s/sx of adverse reaction noted. Monitor for increased redness. Edema continues. Monitor weight No s/sx of adverse reaction noted. Redness continues. Edema continues to be + 3 Encouraged to elevate legs. Weight 206.4lbs 01/28/2024 at 06:28 pm signed by RN J: Resident came back from hospital this morning with new order of Clindamycin 300mg oral capsule TID due to cellulitis. Resident still has +3 Edema in both extremities. Encourage leg elevation to relieve edema. 01/29/2024 at 12:33 pm signed by LVN K: Resident continues to have increased edema to BLE. Continue to monitor resident for c/o pain to site, continue to provide PRN Lasix per orders for edema. Continue to encourage resident to elevate extremities. Resident dangles legs a majority of the day, unless resting in bed. Resident aware of edema and our concerns. Increasing edema to BLE. 01/29/2024 at 1:23 pm signed by LVN I: CHF clinic contacted regarding resident's edema to BLE. Continues with 3-4+ edema to BLE. Discoloration is present and resident is currently being treated for cellulitis with doxycycline. Resident does have mild discomfort when legs are palpated. Sits up in wheelchair most of day with legs extended with footrests per her choice. Current diuretic orders include Lasix 20mg QD PRN for edema. Significant weight gain is noted since admission r/t fluid. CHF clinic contacted to notify Provider and obtain recommendations. 01/30/2024 at 9:15 am signed by LVN I: CHF clinic contacted again to f/u on resident's edema. Spoke with office and informed them of edema to BLE and weight gain. Also requested all notes from previous visits. Office to notify provider and appointment scheduled for 1/31/24 @ 0930. 01/31/2024 at 11:47 am signed by LVN I: Resident attended appointment with CHF clinic today for f/u d/t BLE edema. Weight gain was noted by provider. 3-4+ edema present to BLE. Labs performed at appointment. Orders given by provider for the following: stop Lasix, start torsemide 20mg PO BID. Family member was present at appointment and aware. Review of Resident #77's electronic MAR revealed: 01/20/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration 01/21/2024 at 10:23am Furosemide 20mg was administered 01/22/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	01/23/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration 01/24/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration 01/25/2024: order for Lasix and no evidence of administration 01/26/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration 01/27/2024 at 11:06am: Furosemide 20mg was administered 01/28/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration 01/29/2024 at 12:21 pm: Furosemide 20mg was administered 01/30/2024: order for Furosemide 20mg Give 1 tablet by mouth every 24 hours as needed for edema and no evidence of administration Review of ER Discharge note dated 01/28/2024 revealed discharged with antibiotic Clindamycin 300mg three times a day for cellulitis. Review of Resident #77's CHF Clinic Patient Summary, date 01/31/2024, revealed: The patient is seen today as emergent work-in appointment. Her weight is up 7 lbs. from the last appointment one week ago. She has 3 to 4+ edema to lower legs bilaterally with weeping from the legs. She was seen in trauma center for cellulitis and was started on antibiotics. She is in a wheelchair. The patient feels like Lasix is no longer effective in keeping her swelling controlled. The patient was given 40 milliequivalents of potassium. She was also given 80 milligrams of IV Lasix for her weight gain and heart failure symptoms. During an observation and interview on 01/29/24 at 12:13 PM, revealed Resident #77 sitting in recliner and resident family member sitting on her bed. Resident #77's legs were swollen, red, and not elevated. No signs or symptoms of respiratory or acute distress noted. Resident denied pain or any shortness of breath. Resident #77's family member stated Resident #77 had a history of problems with swelling and fluid overload. She stated Resident #77 was sent to the emergency roiagnom on [DATE] and was diagnosed with cellulitis (infection of the legs). During an observation and interview on 01/31/24 at 2:00 PM, Resident #77 was up in wheelchair just returning from her visit the CHF clinic No signs or symptoms of respiratory or acute distress noted. Resident denied pain or any shortness of breath. Resident stated she received liquid Lasix for her swelling and that she was going to pee all night. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	During an interview on 01/31/24 at 03:00 PM, the DON stated all residents with PRN Lasix orders should have also had an order for edema monitoring. She stated Lasix should have been given every day that Resident #77 had edema documented and the physician should have been notified each time. The DON stated not giving the Lasix could have caused the cellulitis and could have prevented the fluid overload and the need for IV Lasix. The DON stated it was a system failure that led to the Lasix not being administered as needed. She stated she was ultimately responsible for monitoring and ensuring that all physicians orders were followed. During an interview on 01/31/24 at 03:30 PM, LVN H stated she was aware that Resident #77 had PRN Lasix orders. She stated she did not give the Lasix because Resident #77 did not tolerate it well. She stated the Nurse Practitioner did not want the Lasix given. LVN H stated she had discussed the edema and Lasix order with the Nurse Practitioner but had not documented the conversation. Attempted interview with RN-D on 01/31/2024 at 1:31 pm via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-D on 02/14/2024 at 11:30 am via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-E on 01/31/2024 at 1:33pm via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-E on 02/14/2024 at 11:32 am via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-F on 01/31/2024 at 1:35pm via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-F on 02/14/2024 at 11:37 am via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-G on 01/31/2024 at 1:45pm via phone call with no answer. Voice mail left with no return call. Attempted interview with RN-G on 02/14/2024 at 11:42 am via phone call with no answer. Voice mail left with no return call. Attempted interview with physician on 01/31/2024 at 3:50 PM via phone call with no answer. Voice mail left with no return call. Attempted interview with physician on 02/14/2024 at 11:12 AM via phone call with no answer. Voice mail left with no return call. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 0760 Level of Harm - Actual harm Residents Affected - Some	During an interview on 01/31/24 at 04:00 PM, Resident #77's Nurse Practitioner stated she had seen Resident #77 on 01/26/24 and she had 3+ edema but no signs of cellulitis at that time. She stated she did not order Lasix to be routinely given because she was monitoring her prior labs. Nurse Practitioner stated she had not told any staff not to give the Lasix as needed per physicians' orders. She stated her expectation was for it to be given daily if needed and to be notified. She stated she had never been contacted or notified of Resident #77's edema other than on 01/26/2024 when she visited the facility. Nurse Practitioner stated not administering Lasix as needed could have led to the cellulitis and the fluid overload. During a follow up interview on 02/14/2024 at 12:10pm, Resident #77's Nurse Practitioner stated was concerned about routine Lasix bottoming out the resident's sodium and potassium levels. She stated that the risk of low sodium and potassium levels outweighed the resident's edema because the resident was not in acute distress nor had shortness of breath. The Nurse Practitioner stated that low sodium and potassium levels can lead to cardiac issues such as cardiac arrhythmias. The Nurse Practitioner also stated that the resident was an established patient with the local CHF clinic and when consulting with the resident's physician, the plan of care was to monitor and allow the CHF clinic to address the edema. She stated the facility was able to get the resident an earlier appointment. She stated again that the resident was never in acute distress nor had shortness of breath; therefore, she did not have a concern about the Furosemide being administered. During interview on 01/31/2024 at 8:00pm, DON and Administrator stated the facility did not have a policy for following physician's orders. Review of Center for Disease Control and Prevention website accessed on 02/15/2024 at https://www.cdc.gov/groupastrep/diseases-public/Cellulitis.html revealed: Cellulitis is a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin. Review of the Food and Drug Administration website accessed on 02/15/2024 at https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/016273s061lbl.pdf revealed: WARNING: Lasix (furosemide) is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule must be adjusted to the individual patient's needs. Lasix is indicated in adults and pediatric patients for the treatment of edema associated with congestive heart failure. Review of the Food and Drug Administration website accessed on 02/15/2024 at https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020136s023lbl.pdf revealed: Demadex (torsemide) is a diuretic.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48883 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 for meal service. Facility kitchen staff failed to discard food after handles touched with bare hands fell into pureed bread pan and roll bin during meal service. These failures could place residents at risk of food borne illness that ate from the kitchen. Findings included: During an observation on 01/29/2024 at 12:33 p.m., [NAME] A picked up scoop handle that was lying in puree bread halfway through meal pass and removed . [NAME] A asked [NAME] B to bring clean scoop over to steam table. [NAME] B brought back a clean scoop and placed into puree bread. [NAME] A started serving pureed bread to two of the pureed meal trays. The pureed bread was taken off the steam table by [NAME] A only after being asked if the food was okay to be served. During an interview on 01/29/2024 at 12:37 p.m., [NAME] A denied knowing that handle of scoop had dropped into ready to serve pureed bread, she stated if the handle had touched pureed bread, then all the pureed bread needed to be removed and replaced. She stated the effect not removing pureed bread after contamination would be that residents could get sick. During an observation and interview on 01/29/2024 at 12:42 p.m., [NAME] B dropped end of tongs into bread roll container and began to serve bread again until, [NAME] B was asked if bread was still able to be served. After one roll was served, [NAME] B took container with rolls off food dispensing area and replaced with new tongs and bread sticks. [NAME] B stated I thought it was empty container when asked why she continued to serve pureed bread after contamination. [NAME] B stated that food should not be served after handle dropping into food bin. During an interview on 01/29/2024 at 1:23 p.m., the DM stated her expectation would be to discard all food once handle fell into it. She stated after handle fell into food it would be contaminated. She stated she did not know why [NAME] A and [NAME] B did not replace food when it had been contaminated with handles. She stated she was responsible for monitoring dietary during meals to make sure that cross contamination did not occur. She stated the effect serving food that handle had fallen in could lead to residents becoming sick. During an interview on 01/30/2024 at 12:59 p.m., the ADMN stated her expectation would be that food would not be served after handle dropped into food. She stated it would be different if staff wore gloves. She stated the DM and herself were responsible for supervising meal passed intermittently. She stated the effect of continuing to serve food after handle fell into it could cause residents to get sick. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676219	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windcrest Health & Rehabilitation	6050 Hospital Dr Abilene, TX 79606

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of policy titled Food Safety and Sanitation Plan origination date 9/2005 and revision date on 11/2017 revealed Nursing home residents risk serous complication from food borne illness as a result of their compromised health status. Unsafe food handling practices present a potential source of pathogen exposure for residents. Sanitary conditions must be present in health care food service settings to promote safe food handling .Cross contamination means the transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned after touching raw food and then touching ready-to-eat foods .