STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455486	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ennis Care Center	1200 S Hall St Ennis, TX 75119

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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
	455486	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ennis Care Center	1200 S Hall St Ennis, TX 75119

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents remained free from accidents, hazards and each resident received adequate supervision and assistance when being transferred for 1(resident #1) of 5 residents reviewed for accidents and hazards.The facility failed to ensure a safe transfer with a mechanical/Hoyer lift to assist in the transfer of Resident #1 on 11/7/2025 when CNA A did not follow the protocol of having two staff to operate the Hoyer lift resulting in Resident #1 falling and sustaining a fractured right humerus (upper arm) and a closed head injury.This failure could result in serious injuries to residents and potentially death.The noncompliance was identified as PNC. The facility was provided with the IJ template on 11/18/2025. The facility had corrected the non compliance before the survey began.Findings include:Record review of Resident #1's progress notes, Facility investigation report revealed that on 11/7/2025. CNAA called for nursing assistance as Resident #1 had fallen from the Hoyer lift. Record showed that Resident #1 was found face first on the floor in a vertical position with toes touching the back legs of the lift frame. Resident was noted to have sever right arm pain to touch and a skin tear to her left arm. CNAA reported to the nurse that Resident #1 hit her face on the floor very hard. Records revealed that while LVNA assessed Resident #1 the ADONs contacted EMS, nursing administration, medical provider and the family of the residents. Records also revealed that CNA was asked to write a statement and then was escorted from the building and is no longer permitted to work within the facility.Record review of Resident #1s chart revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Schizoaffective Disorder, Dementia, Generalized anxiety, history of breast cancer, Cognitive communication deficit, and Major depressive disorder.Record review of the MDS dated [DATE] revealed Resident #1 had a BIMS of 03 indicating significant impairment.In an interview and observation on 11/18/2025 at 1:00 PM Resident #1 was sitting in her wheelchair at the nurse's station. The resident is pleasantly confused she was eating a sucker and talking with LVNA. Resident #1 was not able to say how her arm was broken but when asked about her arm she began stating she wanted her son. LVNA and Surveyor informed the Resident that they had both been told he was coming to see her later in the day. Resident #1's arm was in a sling for support. Resident #1 had a history of tremors in her hand and struggled to grip items. When Resident #1 dropped an item, she was not able to move to reach for it and relied on staff for assistance.Record review of the care plan for Resident #1 dated 10/2/2025 revealed the problem that Resident #1 has impaired physical functioning with interventions initiated on 1/27/2025 to utilize Hoyer lift and 2 staff for transfers. and utilizes the following for ambulation wheelchair for mobility.Record Review of the hospital ER records dated 11/7/2025 reflected Resident#1 was diagnosed with a closed head injury and a fracture to the right humerus. In an interview on 11/18/2025 at 10:00 AM with the Administrator, he stated that the agency the alleged perpetrator, CNA A worked for had been dragging their feet on giving them further information on her. He stated they were trying to obtain her competency and personnel file from the agency. He stated on 11/7/2025 CNA A decided to use the Hoyer lift by herself, and Resident #1 was fidgeting and fell face first out of the lift. He stated CNA A immediately called for the nurse to assess and they sent the resident to the hospital. He stated Resident #1 returned to the facility later that same day with a diagnosis of a broken humerus (upper arm). He stated CNA A reported other staff were busy and she should have waited but did not. He stated since the incident on 11/7/2025 the facility has in-serviced staff and had completed competency check offs for use of the Hoyer lift and all staff knew that two people were required at all times. He stated they had been attempting to obtain competency check offs for CNA A from her agency, but they had not responded. He denied requesting the info prior to employing agency staff prior to the incident on 11/7/2025. He stated the agency CNA, CNA A was asked to leave after completing her statement and had been placed on their do not return list. He stated they were no longer utilizing agency staff.In interview on 11/18/2025 at 10:53 AM with the Director of Clinical Operations, he stated following the incident on 11/7/2025 where Resident #1 fell from the Hoyer lift, Maintenance checked all equipment and made sure it was in working order. He stated they immediately in-serviced staff on abuse and neglect, safe resident handling and transfers. He stated they did competency checkoffs with therapy instruction. He stated the training was completed with all CNAs, CMAs, LVNs, and RNs. He stated going forward all agency staff, as well as employed staff, would be trained and have competency check offs where they must demonstrate proper use of the mechanical lift prior to working unsupervised.In an interview on 11/18/2025 at 12:58 PM with LVNA, she stated the policy on the use of a