

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview and record review the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 2 hours after the allegation was made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 of 8 residents (Resident #2) reviewed for abuse and neglect.</p> <p>The facility failed to report a fall with fracture for Resident #2 after an X-ray was done on 01/21/24.</p> <p>This failure could place residents at risk of injury or worsening of conditions due to failure to report to state agency for investigation.</p> <p>Findings include:</p> <p>Record review of Resident #2 Admission Record, dated 03/06/24, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included unspecified dementia, Senile degeneration of the brain, glaucoma, lack of coordination, muscle weakness, cognitive communication deficit, unsteadiness on feet, neuropathy, need for assistance with personal care, repeated falls and high blood pressure .</p> <p>Record review of Resident #2's Quarterly MDS assessment, dated 09/01/23, reflected a BIMS score of 00, which indicated Resident #2 had a severely impaired cognitive status. Section G of the MDS, reflected Resident #2's activities of daily living self-performance transfer between surfaces which included to or from: bed, chair, wheelchair, standing position required extensive assistance. Resident #2 required staff to provide weight-bearing support of 2 or more (2+) persons physical assist to transfer.</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: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's care plan undated due to discharge status printed on 03/06/24 reflected focus: The resident has had an actual fall with no injury on 2/17/2021, 6/7/2021, 7/31/21, Fall with injury (pain) at a later date 1/20/24, Goal: The resident will resume usual activities without further incident through the review date. Interventions: Anti-skid mat placed on W/C, Bed in low position, Call for assistance before you fall LVN, Continue interventions on the at-risk plan., Fracture left femur sent to Hospital 1/20/24 The Care Plan further reflected Focus: The resident has an ADL Self Care Performance Deficit r/t Activity Intolerance, Fatigue. Goal: The resident will maintain current level of function in Transfers, Eating, Dressing, Toilet Use through the review date. Interventions/tasks Hoyer Lift for transfers, Toilet Use: The resident requires assistance to adjust clothing, transfer onto toilet, transfer off toilet. Transfer: Two-person Hoyer post fall 1.19.2024 . Encourage the resident to participate to the fullest extent possible with each interaction. Encourage the resident to use bell to call for assistance. Bathing: The resident requires (1) staff participation with bathing. Dressing: Assist the resident to choose simple comfortable clothing that maximizes the resident's ability to dress self. Dressing: The resident requires (1) staff participation to dress. CNA, Eating: The resident is able to feed self.</p> <p>Record review of Resident #2 progress notes, dated 01/19/24 at 9:05 PM by LVN B, reflected CNA A called him to report Resident #2 had an assisted fall while transferring from the Geri chair to the bed. LVN B said Resident #2 was alert and confused to base line, Blood Pressure 121/62, Heart rate 65, Temperature 97.7, Oxygen saturation 94 %, Respiration Rate 17. He wrote skin was intact. Hospice, [family member] and DON were notified.</p> <p>Record review of Resident #2's Transfer/Discharge, dated 03/06/24, reflected Resident #2 was discharged to acute care hospital on 01/21/24.</p> <p>Record review of Resident#2 progress note, dated 01/21/24 at 09:14 AM entered by LNV H, reflected the therapy director accessed Resident # 2 related to fall on 01/19/24. Pain was noted to the left leg during gentle range of motion. LVN H contacted physician and received an order for an immediate (STAT) x-ray of the left lower leg.</p> <p>Record review of Resident #2's progress note, dated 01/21/24 at 12:16 PM entered by LVN H, reflected X-ray results received, indicated Resident #2 sustained a fracture of the distal Left Femur. Physician was notified and Resident #2 was transferred to the emergency room .</p> <p>Attempted interview with CNA A on 03/06/24 at 3:25 PM and 4:39 PM could not be completed because CNA A could not be reached by phone call to interview about incident.</p> <p>Review of facility records revealed facility had no witness statement from CNA A about the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with LVN B on 03/06/24 at 4:08 PM revealed CNA A was transferring Resident #2 by herself from a Geri chair to the bed around 8 or 9 PM. He said CNA A reported to him Resident #2 began to fall and CNA A assisted her to the floor in a seated position. LVN B said when he entered Resident #2's room, the resident was sitting on the floor with one of her arms holding onto the bed rail. LVN B said CNA A did not ask him for help during the transfer. He said he did a full assessment of Resident #2. After Resident #2 denied pain, CNA A and LVN B lifted Resident #2 into her bed. LVN B said he monitored Resident #2 and asked her roommate if anything had changed. LVN B said he notified family, physician, hospice company and the DON. He said he entered a change in condition in the MAR. He said the risk of not reporting an incident could be very dangerous for the resident . He said he reported the fall according to policy and chain of command. He said it was important for the physician, family, and DON to be aware of what was going on with residents.</p> <p>Interview with the DON on 03/06/24 at 02:07 PM, revealed the DON was aware Resident #2 had a fall on 01/19/24 because that was the same day she removed and banned CNA F out of the building . She said the hospice nurse came to assess Resident #2 on 01/20/24 and the resident denied pain. The DON said on 01/21/24 when physical therapy assessed Resident #2 and moved her left leg, was when Resident #2 screamed in pain. She said the physician ordered x-rays and after results showed a femur fracture, Resident #2 was sent to the hospital. The DON said she did not report the fall with fracture because per facility policy, if a fall was witnessed and an assisted fall at that, she did not need to report to State Survey Agency .</p> <p>An interview on 03/06/24 at 3:08 PM with the Administrator revealed he did not self-report the incident for Resident #2 who had a serious injury because the Long -Term Care Regulatory Provider letter did not say to report witnessed falls. She said the provider letter said that if injury was not observed by any person or the source of injury could not be explained then the facility would report the incident. She said the nature of Resident #2's fall did not meet the criteria listed in the letter since the fall was witnessed and resident was assisted in the fall .</p> <p>Review of the state agency's PL 19-17, dated 07/10/19, revealed, .A NF must report to HHSC the following types of incidents, in accordance with applicable state and federal requirements: .neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, that result in serious bodily injury .immediately, but not later than two hours after incident occurs of is suspected .</p> <p>Record review of Employee files for CNA A reflected she was provided Abuse and neglect policy and reporting requirements upon hire on 04/13/23.</p> <p>Record review of Employee file for LVN B reflected he was provided Abuse and neglect policy and reporting requirements upon hire on 03/07/23.</p> <p>Record review of the facility's Reportable Incident Protocol, dated November 2017, reflected: In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of patient property, are reported immediately, but no later than 2 hours after allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Executive Director of the Facility to other officials (including State Survey Agency .)in accordance with state law through established procedures.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35489</p> <p>48122</p> <p>48177</p> <p>Based on observation, interview and record review the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents for one of seven residents (Resident #2) reviewed for accidents and supervision .</p> <p>The facility failed to ensure Resident #2 was transferred by two staff, which resulted in a fall with fracture of her distal left Femur (a distal femur is a fracture of the thighbone that occurs just above the knee joint) on 01/19/24 .</p> <p>The noncompliance was identified as PNC. The IJ began on 01/19/24 and ended on 01/22/24. The facility had corrected the noncompliance before the survey began.</p> <p>This failure could place residents at risk for serious injury due to unsafe transfers.</p> <p>Findings included:</p> <p>Review of the Admission Record for Resident #2. A discharged resident, dated 03/06/24 reflected a [AGE] year-old female who was admitted to facility on 10/15/20. Her diagnoses included unspecified dementia, Senile degeneration of the brain, glaucoma (a vision problem), lack of coordination, muscle weakness, cognitive communication deficit (difficulty with thinking in regard to language use), unsteadiness on feet, neuropathy (nerve pain), need for assistance with personal care, repeated falls and high blood pressure.</p> <p>Review of Resident #2's annual MDS assessment, dated 12/02/23, reflected Resident #2 had a BIMs score of 2, which indicated severe cognitive impairment, and showed no behavioral issues or psychosis. Resident #2 was dependent on staff for movement in bed, and for transfers from chair to bed/ bed to chair. Dependent defined in the MDS assessment was Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. The document reflected Resident #2 had no prior falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's care plan undated due to discharge status printed on 03/06/24 reflected Focus: The resident has had an actual fall with no injury on 2/17/2021, 6/7/21, 7/31/21, Fall with injury (pain) at a later date 1/20/24, Goal: The resident will resume usual activities without further incident through the review date, Interventions: Anti-skid mat placed on W/C [wheel chair] o Bed in low position o Call for assistance before you fall LVN o Continue interventions on the at-risk plan.o Fracture left femur sent to Hospital The Care Plan further reflected Focus: The resident has an ADL Self Care Performance Deficit r/t Activity Intolerance, Fatigue. Goal: The resident will maintain current level of function in Transfers, Eating, Dressing, Toilet Use through the review date. Interventions/tasks o Hoyer Lift for transfers, o Toilet Use: The resident requires assistance to adjust clothing, transfer onto toilet, transfer off toilet. o Transfer: Two-person Hoyer post fall 1/19/24. o Encourage the resident to participate to the fullest extent possible with each interaction. o Encourage the resident to use bell to call for assistance. o Bathing: The resident requires (1) staff participation with bathing. o Dressing: Assist the resident to choose simple comfortable clothing that maximizes the president's ability to dress self. o Dressing: The resident requires (1) staff participation to dress. CNAo Eating: The resident is able to feed self .</p> <p>Review of Resident #2's Transfer/Discharge, dated 03/06/24, reflected Resident #1 was discharged to an acute care hospital on 01/21/24.</p> <p>Review of Resident #2's progress notes, dated 01/19/24 at 9:05 PM by LVN B, reflected CNA A called him to report Resident #1 had an assisted fall while transferring from the Geri chair to bed. LVN B said Resident #1 was alert and confused to base line, Blood Pressure 121/62, Heart rate 65, Temperature 97.7, Oxygen saturation 94 %, Respiration Rate 17. He wrote skin was intact. Hospice, daughter and DON were notified.</p> <p>Review of the ambulance run sheet, dated 01/20/2024, reflected Resident #2 was transported to a nearby hospital due to pain in her lower extremity caused by a fall from the bed, and her level of distress was mild.</p> <p>Review of Resident #1's emergency room admission documentation, dated 01/21/2024, reflected she was admitted on [DATE] for a fractured left femur in a nursing home. It reflected [AGE] year-old female with a history of hypertension, hypothyroidism, colon cancer, dementia, CVA with left sided weakness presenting to the ED via EMS from her facility for a fall that happened 2 days ago. Per EMS, patient reportedly had an x-ray at the facility which showed a left nondisplaced fracture which prompted them to send her to the ER. History obtained from prior record reviews. Patient has a history of dementia and there is no family member at bedside. Patient was tender to palpation over the left female close to the knee. No active bleeding, no obvious dislocation noted. Was given 75 mcg fentanyl IV x 1 for her pain Control. The document reflected Pertinent imaging interpreted (.) X-ray of the left femur shows periprosthetic (fractures that occur in association with an implant) fracture involving the distal femoral metadiaphysis (wide portion of a long bone). No abnormalities noted on the anterolateral (outside front) pelvis. Medications ordered the ED: 75 mcg IV fentanyl x 1. The document included a Supervising Physician note, which reflected [AGE] year-old female history of dementia advanced requires help with all ADLs here with the left knee pain found to have left periprosthetic fracture occurred during transfer from chair to bed; Had a long discuss ion with orthopedics given age and current baseline status low likely to improve quality of life surgery agree posterior long leg and can outpatient follow up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the radiology report included in the emergency room documentation for Resident #2, dated 01/21/2024, reflected Radiology - [NAME] Femur Min 2 Views Lt 01/21 1258 * * * Report Impress Ion - Status: Signed Entered: 01/21/2024 1355 (1:55 PM) Im Pression: Left total knee arthroplasty in place with a nondisplaced periprosthetic fracture involving the distal femoral metadiaphysis . Adjacent soft tissue swelling and knee joint effusion.</p> <p>Review of Resident #2's Hospice Combined Disciplinary Comprehensive Assessment, dated 01/09/2024, reflected Musculo/ Skeletal- Nurse; Mobility Score:3 on a scale of 10 (Full range of activity) to 0 (Immobile); Ambulation: Mainly sit/lie; Uses device; Two person assist; Strength: Weak; Grips: Weak; Conditions: Joint stiffness; Foot drop left; Foot drop right Needs assistance with: Bathing; Ambulation; Dressing; Continence; Transfer</p> <p>Interview with LVN B on 03/06/24 at 4:08 PM revealed CNA A was transferring Resident #2 by herself from the Geri chair to bed around 8 or 9 PM. He said CNA A reported to him Resident #2 began to fall and CNA A assisted her to the floor in a seated position. LVN B said when he entered Resident #2's room, the resident was sitting on the floor with one of her arms holding onto the bed rail. LVN B said CNA A did not ask him for help during transfer. He said he did a full assessment of Resident #2. After Resident #2 denied pain, CNA A and LVN B lifted Resident #2 into her bed. LVN B said he monitored Resident #2 and asked her roommate if anything had changed. LVN B said he notified the family, physician, hospice company and the DON. He said he entered a change in condition in the MAR. He said it was important for the physician, family and the DON to be aware of what was going on with residents .</p> <p>Interview with the DON on 03/06/24 at 02:07 PM, revealed the DON was aware Resident #2 had a fall on 01/19/24. She said the hospice nurse came to assess Resident #2 on 01/20/24 and the resident denied pain. The DON said on 01/21/24 when physical therapy assessed Resident #2 and moved her left leg, was when Resident #2 screamed in pain. She said the hospice physician ordered x-rays and after results showed a femur fracture, Resident #2 was sent to the hospital.</p> <p>An interview on 03/28/2024 at 12:47 PM with the DON revealed Resident #2 was care planned as a one-person transfer prior to the incident on 01/19/2024, and he believed she was care planned appropriately. He said he thought the care plan was adjusted after that, and he was not aware of the resident ever falling prior to that incident. He said if the MDS said two-person assistance, there would need to be two people there for the transfer. The DOR said therapy was not working with Resident #2 on transfers, but they were working on more positioning-based issues, like seated balance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 03/28/2024 at 1:29 PM with MDS revealed she was the person who coded Resident #2's MDS assessment. She said in the seven-day lookback period, if a CNA happened to chart a resident was a limited two-person transfer three times, she had to code it that way in the MDS. She said she could have changed the care plan to say Resident #2 needed one to two staff assist for transfers, but the problem with that was transferring someone three times in a seven-day period did not mean the person always needed to be transferred by two people. If they care planned a two-person transfer, then two staff would have to go transfer that resident all the time, even if the resident did not need two people. She said sometimes a resident needed more assistance early in the morning, or in the evening when they were sleepy, but not any other time, and that was the case with Resident #2. Resident #2 was normally a one-person transfer. She said because she did not transfer the resident herself, she went by the documentation the staff entered. She said one MDS where a CNA happened to use limited two-person transfer three times was not enough of a change to have an IDT meeting . The IDT meetings were where they would normally discuss a change in someone's functional needs and make changes to the care plans .</p> <p>An interview on 03/28/2024 at 2:04 PM with the ADON revealed Resident #2 was a one-person gait belt the majority of the time, but required the assistance of two people if she was sleepy, in the morning, or at night. She said the resident was not cognitively able to tell staff if she needed more help, so the staff had to judge for themselves. (Progress notes from 01/19/24 indicated CNA A transferred Resident #2 at night by herself).</p> <p>An interview on 03/28/2024 at 4:50 PM with the Administrator, DON and RNC revealed when informed of the Past Non-Compliance Immediate Jeopardy, the RNC stated she did not agree that it was an IJ. She said the facility and hospice documentation reflected Resident #2 was a one-person transfer, and that was safe and appropriate for her. The DON stated the staff were all aware they had residents who had changing conditions throughout the day. The DON said the staff based whether a one-to-two-person transfer was done by one or two by considering what the resident needed at the time, and the skill and strength of the CNA doing the transfer. She said her male CNAs or larger, stronger female CNAs, for example, might be able to do a one-person transfer when it might not be recommended for a smaller female CNA. The RNC stated the facility initiated an ad hoc QAPI and were auditing each chart to make sure all transfer status for residents were correct. She stated the MDS should have changed the care plan to one-to-two assist, instead of one-person, when she coded the MDS that way, but the resident was safe to be a one-to-two person assist, and the RAI manual supported this. The Administrator stated they started in-servicing staff after Resident #2's fall, and in-serviced all of the staff in the building, and the ADON went to the building on all shifts, and made sure every nurse and CNA was in-serviced and signed competencies before they worked a shift.</p> <p>Interview on 03/28/24 at 6:20 PM with CNA A revealed when she transferred Resident #1 on 01/19/24, the resident was unable to stand and hold herself up. CNA A stated she yelled for help and LVN B was in the hallway but not close to the room. While CNA A was waiting for LVN B, CNA A let the resident down to the ground. She stated it was not a fall and the use of the gait belt was to let Resident #1 down slowly. LVN B came in to assess. CNA A stated Resident #1 was a one-person transfer. She stated no one told her Resident #1 required two people to transfer. CNA A stated Resident #1 did not have a Hoyer lift sling or anything in the room. She stated Resident #1 was in a reclining chair and not a regular wheelchair. CNA A stated she was trained on transfers and had not worked with Resident #1 before until that day (01/19/24), and everyone had received training after that.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interviews on 03/28/2024 between 8:00 AM and 6:30 PM with CNA A, LVN A, ADON, LVN J, CNA K, CNA L, RA M, LVN N, and CNA O , staff who covered all shifts, revealed they received additional training on transfers after Resident #2's fall, which included how to know how a resident needed to be transferred, what to do if a resident appeared to need more assistance than usual or the information they received about the transfer did not seem correct, and included competency demonstrations for all types of transfer. All staff interviewed stated therapy staff were accessible at any time if they had any questions or concerns concerning a resident's transfer. All staff interviewed stated they were always able to get assistance when needed for resident transfers.</p> <p>Review of the hospice IDT assessment, Combined Disciplinary Comprehensive Assessment, dated 01/23/24, reflected, .mobility score: 3 on scale of 10 .ambulation: Mainly sit/lie; Uses device; Two person assist .</p> <p>Review of the facility's In-service Training Report .Falls, revised 06/2020, reflected nursing staff were in-serviced on falls involving procedures to proper transfers such as checking the care plan, body mechanics, transfer techniques and different transfer types.</p> <p>Review of the facility's In-service Training Report .Transfers, dated 01/22/24, reflected nursing staff were in-serviced on transfers involving fall management, resident assessment, care plan, universal fall precautions, documentation, and quality assurance.</p> <p>Review of the facility's transfer competency checklist, dated 01/22/24, reflected staff were tested for transfer competency in:</p> <ul style="list-style-type: none"> Demonstrating how to correctly perform a pivot transfer with a resident Demonstrating how to correctly perform a pivot disk transfer with a resident Demonstrating how to correctly utilize a gait belt during transfer Demonstrating how to correctly utilize a slide board during transfer Demonstrating how to correctly use a mechanical lift during transfer Demonstrating knowledge of proper body mechanics for safe transfers <p>Review of a list of residents who required two-person assistance with transfers, provided by the Administrator on 03/28/2024, reflected seven current residents .</p> <p>Observations on 03/28/24 between 8:00 AM and 6:30 PM of transfers included a two-person gait belt transfer, and a mechanical lift transfer, by CNAs . Both transfers were done correctly.</p> <p>Review of Employee files for CNA A reflected she was provided Abuse and neglect policy and reporting requirements upon hire on 04/13/23.</p> <p>Review of Employee file for LVN B reflected he was provided Abuse and neglect policy and reporting requirements upon hire on 03/07/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7625 Glenview Dr North Richland Hills, TX 76180	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Transfer, revised 06/2020, reflected, (.)check the care plan(.)</p> <p>The noncompliance was identified as PNC. The IJ began on 01/19/24 and ended on 01/22/24. The facility had corrected the noncompliance before the survey began .</p>