

| | | | |
|--|--|---|--|
| 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 04/09/2024 |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49415</p> <p>Based on observation, interview and record review, the facility failed to ensure resident rooms were adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for 7 residents (#1, #2, #3, #4, #5, #7, #8) of 8 residents reviewed for resident call system in that:</p> <p>The facility failed to ensure 7 out of 8 Resident's (#1, #2, #3, #4, #5, #7, #8) call buttons were accessible on 4/9/24 to residents on the secured unit.</p> <p>This failure could have placed 20 residents on the secured unit at risk of being unable to obtain assistance for activities of daily living or in the event of an emergency.</p> <p>Findings included:</p> <p>1. Record Review of the face sheet for Resident #1 showed a [AGE] year-old female who was admitted [DATE] and readmitted on [DATE]. Resident diagnoses included: Muscle Wasting (a weakening, shrinking and loss of muscle), Unspecified abnormalities of gait and mobility (a change to your walking pattern), Muscle weakness (decreased strength in muscles), Lack of Coordination (not able to move different parts of the body together well or easily), Dementia (progressive loss of intellectual functioning), Major Depressive Disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities), Unsteadiness on Feet (a pattern of walking that is unstable), Anxiety Disorder (Intense, excessive and persistent worry and fear about everyday situations), Insomnia (persistent problems falling and staying asleep), Chronic Pulmonary Disease (COPD; a group of lung diseases that block airflow and make it difficult to breath), and a History of Falling.</p> <p>Record review of Resident #1's MDS dated [DATE] reflected a BIMS score of 02, which indicated she was severely cognitively impaired. Resident #1's Care Plan dated 2/10/24 revealed resident was care planned for falls. Also, the resident's care plan stated to Encourage the resident to use call bell for assistance. Record review revealed resident had a fall with no injuries on 3/5/24.</p> <p>Observation on 4/9/24 at 9:54 a.m. of Resident #1 revealed she was sleeping, and her call light was not in her reach. The call light was on the wall behind her bed which was a foot away from the wall.</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 04/09/2024 |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2. Record Review of the face sheet for Resident #2 revealed an [AGE] year-old female initially admitted on [DATE] and a readmission on 1/25/22. Resident diagnoses included: Anxiety, Dementia, Difficulty Walking, Unspecified Abnormal Gait and Mobility, Cognitive Communication Deficit (difficulty with any aspect of communication that is affected by disruption of cognition), Lack of Coordination, Muscle Weakness, Depressive Episodes, Need Assistance for Personal Care, Unsteadiness and History of Falls.</p> <p>Record review of Resident #2's MDS dated [DATE] revealed a BIMS score of 02, which indicated she was severely cognitively impaired. Resident #2's care plan dated 1/11/24 showed she was care planned for Elopement Risk and Falls which stated, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Record review revealed Resident #2 had a fall with no injuries on 1/17/24.</p> <p>Interview and observation on 4/9/24 at 9:54 a.m. of Resident #2 said she could not reach the call light. Observation revealed the call light was out of reach of resident. The call light was on the wall behind her bed which was 1 foot away from the wall.</p> <p>3. Record Review of the face sheet for Resident #3 revealed an [AGE] year-old woman who was initially admitted on [DATE] and readmitted on [DATE]. Resident diagnoses included: Alzheimer's Disease (progressive mental deterioration due to generalized degeneration of the brain; common cause of senility), Dementia, Major Depressive Disorder, Muscle Wasting</p> <p>and Atrophy, Unsteadiness on Feet, Lack of Coordination, Anxiety, Insomnia and Need Assistance for Personal Care.</p> <p>Record Review of Resident #3's MDS dated [DATE] revealed a BIMS score of 01, which indicated she was severely cognitively impaired. Resident #3's care plan dated 3/6/24 showed she was care planned for her communication deficit. Resident was to develop communication abilities by staff anticipating her needs and to Ensure/provide a safe environment: Call light in reach.</p> <p>Observation on 4/9/24 at 10:04 a.m. revealed Resident #3 was sleeping, and the call light was out of her reach. The call light could not be seen anywhere around the resident's bed.</p> <p>4. Record Review of the face sheet for Resident #4 revealed a [AGE] year-old woman who was admitted on [DATE]. Resident diagnoses included: Dementia, Abnormality of gait and mobility, Lack of Coordination, Unsteadiness on Feet, Muscle Wasting and Atrophy, Depressive Episodes, Anxiety, Difficulty in Walking, Cognitive Communication Deficit, and Needs Assistance with Personal Care.</p> <p>Record review of Resident #4's MDS dated [DATE] revealed a BIMS score of 00, which indicated she was severely cognitively impaired.</p> <p>Observation on 4/9/24 at 10:04 a.m. of Resident #4 revealed she was sleeping, and her call light was out of reach. The call light was not observed anywhere around her bed.</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 04/09/2024 |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. Record Review of the face sheet for Resident #5 revealed an [AGE] year-old man who was initially admitted on [DATE] and readmitted on [DATE]. Resident's diagnoses included: Dementia, Anxiety, Dysphagia Oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat), Difficulty Walking, Unspecified Lack of Coordination, Abnormal Gait and Mobility, Major Depressive Disorder, History of falling, Coagulation Defect, Muscle Wasting and Atrophy, Unsteadiness on Feet, Repeated Falls, Cognitive Communication Defect, and History of Sudden Cardiac Arrest (sudden unexpected loss of heart function, breathing and consciousness).</p> <p>Record review of Resident #5's MDS dated [DATE], revealed a BIMS score of 03, which indicated he was severely cognitively impaired. Resident #5's Care Plan dated 1/24/24 showed he was care planned for aggressive behaviors and falls. Record Review showed resident had a fall with no injury on 5/20/23, on 6/13/23 and slid out of bed with no injury on 7/20/23.</p> <p>Observation on 4/9/24 at 10:06 a.m. of Resident #5 revealed he was sleeping with pillow partially over his head and the call light was out of his reach. The call light was lying on the floor next to the bed.</p> <p>6. Record Review of the face sheet for Resident #7 revealed a [AGE] year-old woman who was initially admitted on [DATE] with a readmitted on 1/21/22. Resident Diagnoses included: Dementia, Unspecified Lack of Coordination, Major Depressive Disorder, Muscle Weakness, Anxiety, Muscle Wasting and Atrophy, Unsteadiness on Feet, and Iron Deficiency Anemia (too few healthy red blood cells which could cause extreme tiredness, weakness headache, dizziness, and shortness of breath).</p> <p>Record review of Resident #7's MDS dated [DATE] revealed a BIMS score of 8, which indicated she was moderately cognitively impaired. Resident #7's care plan dated 3/11/24 revealed she was care planned for falls, elopement risk, refusing showers and fighting staff. Also, care plan stated resident had an ADL (Activities of Daily Living) self-care performance deficit with interventions to Encourage the resident to use bell to call for assistance. Record review revealed a fall on 1/09/23 with no injuries.</p> <p>Observation on 4/9/24 at 10:26 a.m. revealed Resident #7 to be sleeping and her call light was out of her reach. The call light was not observed anywhere around the resident's bed.</p> <p>7. Record Review of the face sheet for Resident #8 revealed an [AGE] year-old woman who was initially admitted on [DATE] and readmitted on [DATE]. Resident Diagnosis included: Alzheimer's Disease, Delirium (a disturbed state of mind/consciousness), Primary Insomnia, Anemia, Major Depressive Disorder, Atrial Fibrillation (irregular, often rapid heart rate that causes poor blood flow), Chronic Systolic Congestive Heart Failure (specific type of heart failure that occurs in the heart's left ventricle), Muscle Wasting and Atrophy, Unsteadiness on Feet, Repeated Falls and Lack of Coordination.</p> <p>Resident #8's MDS dated [DATE] revealed a BIMS score of 00, which indicated she was severely cognitively impaired. Resident #8's Care Plan dated 3/9/24 showed she was care planned for a risk of falls due to gait/balance problems, unaware of safety needs, Alzheimer's and history of falls with the interventions as Be sure the resident's call light is within reach</p> <p>and encourage the resident to use it for assistance as needed.</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 04/09/2024 |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 4/9/24 at 10:29 a.m. of Resident #8's room revealed her call light was not in reach of her bed area. The call light was not observed anywhere around her bed.</p> <p>Interview on 4/9/24 at 10:33 a.m. with CNA (Clinical Nurse Assistant) A stated she answers the call light as soon as it came on. She stated she checks the call light on rounds to make sure it is within reach of the resident.</p> <p>Interview on 4/9/24 at 10:39 a.m. with CNA B stated she did her rounds every two hours and checked to make sure the call light was in reach of the resident, and she would put the call light on the bed if it was not in reach. CNA B said a lot of things could happen if the call light was not in reach of a resident.</p> <p>Interview on 4/9/24 at 10:58 a.m. with RN (Registered Nurse) C stated if a call light goes off, she just goes and answers it as her CNA's may be busy with another resident. She stated she would check if call light was in reach when she checked on residents. RN C said it would be a problem if a resident's call button was not in reach if they had a fall or had gotten hurt.</p> <p>Interview on 4/9/24 at 2:20 p.m. with DON (director of nursing) stated the call lights should be answered as soon as they came on. Her expectation was for staff to check to see if call lights were in reach of residents when they did their rounds. DON said some residents on the secured unit had pads if they could not use the call light which would also be care planned. DON stated she was retraining some staff on call lights.</p> <p>Interview on 4/9/24 at 2:39 p.m. with Admin/Administrator who stated call lights should be answered in 10-15 minutes and depended on what the CNA was doing at the time. She expected staff to check on call lights on the secured unit to make sure they were in resident's reach during rounds. She stated the call lights should be specifically care planned for each resident.</p> <p>The facility resident roster dated 4/9/24 revealed 20 residents resided on the secured unit.</p> <p>Record review of facility's Fall Procedures revealed under Universal Fall Prevention Measures: A. Environmental - ii. Position call bell, urinal if applicable, and bedside stand within reach.</p> | | |