

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 07/11/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>48177</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility's only garbage storage dumpster, and surrounding area, was maintained in a sanitary condition to prevent the harborage and feeding of pest.</p> <ol style="list-style-type: none"> The facility failed to ensure the trash dumpster's door, located outside the facility's building, was closed., The facility failed to ensure trash was not left outside of the dumpster on the ground. <p>This failure could place residents at risk of contracting disease by attracting pest, disease carrying rodents, and having debris dangerous to residents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> During an observation on 7-9-2024 at 9:15 AM, the facility's only trash dumpster was observed to be 3/4 full of trash with its door open. The area surrounding the trash dumpster was observed to have used latex gloves, a pack of metal screws, a chicken bone, an uncovered rolling cart with a large trash bag full of trash (unsealed), a piece of broken glass, various trash debris, a metal rolling cart with a yellowish/brownish liquid substance with a strong odor, and a 3-tier plastic rolling cart. In the dock area, next to a back door, observation was made on 7-9-2024 at 9:20 AM of stacked pallets having trash debris in-between a few pallets. <p>In an interview on 7-10-2024 at 1:10 PM, with the Dietary Manager, it was revealed the Dietary Manager, Housekeeping Supervisor, and Maintenance Director were responsible to keep the outside trash dumpster secure and the surrounding area clean. The expectation of the Dietary Manager was for staff to keep the trash dumpster door closed, ensure sure trash was put in the trash dumpster, ensure there was no trash left on the surrounding ground by the trash dumpster, and to ensure the trash between the pallets, by the back door, was put in the trash dumpster. The Dietary Manager stated the potential risk to residents, by not properly disposing of trash, was it could attract rodents or insects.</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 07/11/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 7-10-2024 at 1:30 PM, the Housekeeping Supervisor stated the Housekeeping Supervisor, Kitchen Supervisor, and Maintenance Director were responsible for ensuring trash was properly disposed of and kept off the ground. The Housekeeping Supervisor expected staff, who were disposing of trash, to use a cart with a lid when transporting trash from the facility building to the outside dumpster. He expected the staff member to put the trash in the dumpster and close the dumpster door. The Housekeeping Supervisor stated he did not expect staff to leave a trash bag full of trash, sitting in an open cart next to the dumpster and not put the trash bag into the dumpster; closing the door when finished. The Housekeeping Supervisor expected staff to not leave trash debris on the ground surrounding the dumpster area. His concerns for not properly disposing of trash by leaving a piece of broken glass on the ground, a metal pack of screws on the ground, leaving use nitrile gloves on the ground, and other debris was a resident could get cut, it could attract rodents and/or insects, and it was an infection control issue.</p> <p>In an interview on 7-10-2024 at 2:15 PM, the Maintenance Director revealed the Maintenance Director, Housekeeping Supervisor, and the Dietary Manager were all responsible for ensuring the proper disposal of trash for the facility. After showing the Maintenance Director photos of the trash dumpster that was observed on 7-10-2024 at 9:15 AM which included used latex gloves, a pack of metal screws, a chicken bone, an uncovered rolling cart with a large trash bag full of trash (unsealed), a piece of broken glass, various trash debris, a metal rolling cart with a yellowish/brownish liquid substance having a strong odor, and a 3-tier plastic rolling cart, surrounding the trash dumpster, he stated it was all trash and belonged in the trash dumpster. The Maintenance Director stated if staff were not physically able to put the trash into the dumpster, staff should have contacted the Housekeeping Supervisor, Kitchen Supervisor, or Maintenance Director so one of them would have been able to dispose of the trash properly. The Maintenance Director stated if the trash dumpster was full, staff should have contacted one of the three managers so they could have pushed the trash down lower, creating more room or they could make other arrangements. The Maintenance Director stated the potential risk to residents, for not properly disposing of trash debris, was it could cause injury, contamination, and roaches could get into the building.</p> <p>Record review of the facility's Operational Manual - Physical Environment Maintenance Services Policy, dated 8-2020, states:</p> <p>Purpose:</p> <p>To protect the health and safety of residents, visitors, and Facility Staff.</p> <p>Policy:</p> <p>The Maintenance Department maintains all areas of the building, grounds, and equipment.</p> <p>Procedure:</p> <p>I. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>II. Functions of the Maintenance Department may include, but are not limited to:</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 07/11/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines;</p> <p>B. Maintaining the building free from hazards .</p> <p>I. Maintaining the grounds, sidewalks, parking lots, etc., in good order .</p> <p>III. The Director of Maintenance is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</p> <p>IV. As part of their duties, Maintenance Staff will comply with established infection control Precautions .</p> <p>IX. Maintenance Staff follow established safety regulations to ensure the safety and well-being of all concerned.</p> <p>Record review of the Texas Food Establishment Rules dated 3-15-2006 stated:</p> <p>S229.166(k) (4) Receptacles.</p> <p>(A) Except as specified in subparagraph (B) of this paragraph, receptacles and waste handling units for refuse, recyclables, and returnables and for use with materials containing food residue shall be durable, cleanable, insect and rodent-resistant, leakproof, and nonabsorbent.</p> <p>(B) Plastic bags and wet strength paper bags may be used to line receptacles for storage inside the food establishment, or within closed outside receptacles .</p> <p>(6) Outside receptacles.</p> <p>(A) Receptacles and waste handling units for refuse, recyclables, and returnables used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers.</p> <p>(B) Receptacles and waste handling units for refuse and recyclables such as an on-site compactor shall be installed so that accumulation of debris and insect and rodent</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 07/11/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>attraction and harborage are minimized, and effective cleaning is facilitated around and, if the unit is not installed flush with the base pad, under the unit.</p>