

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Grand Terrace Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 812 W Houston Ave McAllen, TX 78501	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47573</p> <p>Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 (room [ROOM NUMBER]) of 5 rooms reviewed for environment.</p> <p>The facility failed to ensure the facility was in good repair as the facility did not repair gaps/holes on the restroom door frame in room [ROOM NUMBER].</p> <p>This failure could affect all residents, staff, and the public by placing them at risk for diminished quality of life due to the lack of a well-kept environment.</p> <p>The findings included:</p> <p>Observation on 11/01/24 at 10:35 AM revealed room [ROOM NUMBER] in hall 3 had 2 holes on the door frame for the restroom. There was a gap/hole on the outer part of the door frame about 5 inches wide x 4 inches long x 4 inches deep and another gap/hole on the inner part of the door frame about 5 inches wide x 4 inches long x 4 inches deep. The holes were not connected and not able to see to the inside of the restroom through the holes.</p> <p>Observation on 11/08/24 at 10:50 AM revealed room [ROOM NUMBER] still had the holes on the restroom door frame. There were fragments of wood/materials in both holes. The door frame was tapped/hit and nothing came out of the holes.</p> <p>Interview with MN C on 11/08/24 at 11:20 AM revealed MN C said if the staff saw something that they needed to fix, the staff told the maintenance staff or wrote it in the maintenance binder at the nurse's station. MN C said MN D checked the binder daily and if it was something they could not fix, MN D called the contracted companies to fix the issue. MN C said he was not informed of a hole needed to be fixed in room [ROOM NUMBER].</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
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with MN D on 11/08/24 at 12:00 PM revealed MN D said the staff told him of anything that needed to get fixed. MN D said they tried to fix the issue that same day and if it was something he could not fix, he called the companies the facility used. MN D said the staff told him verbally and if not documented the issue on the binder at the nurse's station. MN D said he checked the binder daily. MN D said he had not been informed about anything needed to get fixed in room [ROOM NUMBER]. MN D said it was important to keep the building safe and functional in order to ensure the residents were safe. MN D said they tried to maintain the facility as best as they could to provide a nice, odor free, home environment for the residents, family, and staff, but most importantly for the residents, because the facility was their home.</p> <p>Interview with CNA A on 11/08/24 at 12:15 PM revealed CNA A said if she noticed something wrong with the room or something was broken, not working correctly, she let maintenance know. CNA A said she also documented on the binder at the nurse's station if maintenances staff were not available, but she usually saw maintenance staff walking around, so she let them know and they fixed it.</p> <p>Interview with HK B on 11/08/24 at 2:05 PM revealed HK B said if there was anything that needed to get fixed, like a crack on the wall, or something was broken, she told the maintenance staff. HK B said she documented on the maintenance log, but she usually told the maintenance staff verbally because they were always available. HK B said she cleaned halls 3 and 4. HK B said she had seen the gap/hole at the bottom of the restroom doorway in room [ROOM NUMBER] in hall 3. HK B said she reported the issue to MN D a long time ago, but she did not remember how long ago or when. HK B said she was not sure if she documented in the binder or told MN D verbally. HK B said the holes had been like that for some time but she was not sure how long. HK B said the maintenance staff were good about fixing things, but she was not sure why the holes had not been fixed.</p> <p>Observation on 11/08/24 at 2:20 PM revealed MN C fixed the gaps/holes on the restroom door frame of room [ROOM NUMBER]. MN C used joint compound and a putty knife to repair the holes.</p> <p>Interview with RN F on 11/08/24 at 4:00 PM revealed RN F said if she saw anything wrong with the room, if something was broken, toilet was not working, sink was not working properly, etc., she told the maintenance staff. RN F said she also documented in the binder in the nurse's station. RN F said the maintenance staff followed up and tried to fix the issue. RN F said she did not notice any holes or issues that needed to be fixed in room [ROOM NUMBER] and she did not report anything to maintenance staff for room [ROOM NUMBER].</p> <p>Interview with the ADM on 11/08/24 at 5:15 PM revealed the ADM said when the staff saw something that needed to be fixed, the staff knew to document in the binder for maintenance or tell the maintenance staff. The ADM said they also had morning meetings, which included all department heads such as the maintenance director, MN D. The ADM said MN D had worked here for almost [AGE] years and was very good at keeping the building in good shape despite the building being built since 1950. The ADM said he did not know there was an issue in room [ROOM NUMBER] until it was brought up today. The ADM said no one had voiced that there were gaps/holes in that room, as far as he was aware. The ADM said it was important to maintain the building in good repair for the safety of the residents and to provide better service to the residents.</p> <p>Record review of the Maintenance Log binder reflected from 06/01/24-11/08/24 there was no service documented for room [ROOM NUMBER] or the gaps/holes on the doorframe.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Physical Environment/Facility Maintenance Policy date revised 05/2007 reflected Policy: It is the policy of this facility to establish procedures for routine and non-routine care of the facility/building to ensure that the facility remains in good working order for resident and staff safety.</p> <p>Work orders: 1. Work request must be in form of work orders or verbal.</p>		