STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 6 residents (Resident #1) reviewed for accidents and supervision. The facility failed to provide safe transport for Resident #1 on 05/27/25 which resulted in a fall and Nondisplaced fracture of the proximal fibular metaphysis of the left knee. This failure could result in serious injury such as a left knee fracture and a reduced quality of life . The noncompliance was identified as PNC. The PNC began on 5/27/25 and ended on 5/28/25. The facility had corrected the noncompliance before the survey began. Findings include: Record review of Resident #1's face sheet, dated 06/02/25, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included a left proximal fibular fracture (a break in the fibula bone, located on the outside of the lower leg, near the knee, often caused by twisting or blunt force injuries to the leg or foot), dementia (deterioration of brain and memory loss), diabetes mellitus type 2, rheumatoid arthritis (auto-immune disorder affecting major joints) , major depressive disorder, hypertension, and anxiety . Record review of Resident #1's care plan, revised 05/28/25, reflected, (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
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	Resident #1 had a skin tear to right shin and right knee, and sustained a left knee fracture (left proximal fibular metaphysis) related to fall with interventions of splint to left knee, and teach the purpose of and the procedure for performing isometric and flexion/extension exercises, and pain treatment as indicated by MD. The care plan further reflected Resident #1 was at risk for trauma that may have a negative impact, related to a van incident. Interventions included a Licensed Mental Health Provider, consult with family regarding her condition, identify situation/event/images that trigger recollections of the traumatic event and limit Resident #1's exposure to these as much as possible, monitor for escalating anxiety, depression, or suicidal thought and report immediately to the nurse, mental health provider, and physician. The care plan further reflected Resident #1 had a potential for uncontrolled pain due to fracture of her left knee. Interventions included administration of analgesia per physician orders, and give ½ hour before treatments or care, anticipate her need for pain relief and respond immediately to any complaint of pain, and evaluate the effectiveness of pain interventions, review for alleviation of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition. Record review of Resident #1's Quarterly MDS, dated [DATE] , reflected a BIMS score of 04, which indicated a moderate to severe cognitive impairment. Resident #1 required extensive assistance for bed mobility, transfers, and toilet use. She required the assistance of two people for transfers between surfaces. Record review of Resident #1's Physician Order Summary Report, dated 06/02/25, reflected a 20-inch Universal Basic Knee Splint for stabilization of left fibula fracture, and ensure splint is in right place, patient able to perform weight bearing as tolerated while her knee was immobilized. The Order Summary Report further reflected Tramadol 50mg 1 tablet by mouth three times a day for pain, and every 6 hours for moderate pain, Psychiatry to evaluate and treat, and skin tear to right and left knee - cleanse with normal saline and pat dry, apply Xeroform and cover with gauze island dressing every day shift every Monday, Wednesday, and Friday, and as needed. Record review of Resident #1's incident report, dated 05/27/2025, at approximately 1:30 PM, reflected the following, Resident #1 was being transported to a doctor's appointment. Driver A braked for a red-light resident slid out of wheelchair scraping knees, received a skin tear and a cut toe. Incident happened right by doctor's office parking lot. Doctor's staff cleaned and bandaged cuts and scrapes. Assessment conducted on 05/27/25 at 5:50 PM reflected Resident #1 had bruising to bilateral upper extremities, skin tear left knee, left upper extremity, abrasion right knee, moisture skin damage sacrum, and irritation to great right toe. Resident #1 was sent to the hospital for X-rays. Driver A was suspended immediately, and van was out of service until all drivers had been re-in serviced and safety check was done on all van equipment. Facility notified the responsible party and the nurse practitioner. Record review of hospital records with an admission date/time of 05/27/25 at 09:36 PM and discharge date /time of 05/28/25 at 03:23 AM reflected, Resident #1 was a [AGE] year-old female presenting to the ED for evaluation of a fall that occurred today at approximately 4:00 PM. Resident #1 reported she was riding in a transport van when Driver A forcefully pressed the brakes, launching Resident #1 out of her wheelchair. Resident #1 landed on the vehicle floor and suffered impact to both knees. Associated symptoms included bilateral knee pain and mild neck pain. Denied back pain, chest pain, cough, congestion, rhinorrhea (runny nose), or headaches. There were no other complaints at this time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	X-ray Right Knee 3 Views reflected: 1. No acute osseous abnormality. 2. Severe tricompartmental osteoarthritic changes. X-ray Left Knee 3 Views reflected: 1. Nondisplaced fracture of the proximal fibular metaphysis. 2. Moderate tricompartmental osteoarthritic changes. 3. Possible soft tissue wound anterior to the patella. Narrative: This patient is a pleasant non-ambulatory [AGE] year-old female who was in a transport van today and was in her wheelchair and the transport driver stopped abruptly and the patient fell from her wheelchair. Patient reporting bilateral knee pain. Patient with report of lower cervical and upper thoracic discomfort. Imaging showing no acute abnormalities of the head neck chest abdomen or pelvis. Patient with notable proximal fibular fracture on the left. X-ray of the ankle found to be unremarkable. Patient placed in a knee immobilizer. Given referral to orthopedics. Patient discharged home. At time of discharge patient is pain-free. Diagnosis: Closed left fibular fracture . Interview on 06/01/25 at 3:25 PM with the DON, who stated she had not been able to get Driver A to answer the phone since 05/27/25, and Driver A had been a no call/no show for CNA duties since the day of the van incident. The DON stated the facility conducted re-training on transporting residents in the van, and anyone who was not re-trained was not driving. She stated in the van the 4 black straps with hooks were to secure the wheelchair in place, and the red seatbelts were to secure the resident in a wheelchair and were to go across the resident's chest and across the resident's lap. The DON further stated Resident #1 stated Driver A had slammed on the brakes and she slid out of the wheelchair onto her knees. Interview on 06/01/25 at 3:15 PM with Driver B revealed she worked in Housekeeping and was also a van driver. Driver B stated she had received training on 05/28/25 that included inspecting the vehicle inside and out every week, and to check acceptable or document if there are repairs needed on the form and submit to Administration and Corporate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	Telephone interview on 6/02/25 at 07:15 AM, Driver A stated she received 30 minutes of training from another van driver before she drove the van herself. Driver A stated she had worked for the facility for 4 months. She stated she thought Resident #1 had been up too long on the day of her appointment. Driver A stated Resident #1 had been to her therapy session that morning, and was up for lunch, and then went to her doctor appointment in the early afternoon. Driver A stated she thought Resident #1 became fatigued and started slipping out of her wheelchair . Driver A stated she had all of the straps and hooks on to secure the wheelchair in the van, and the seat belts were secured on the resident for resident safety. Driver A stated there were no witnesses riding in the van with her, other than Resident #1's RP who had met them at the doctor's appointment. Driver A stated the RP met them at the doctor's appointment and had entered the van to assisted in getting Resident #1 back up and into the wheelchair . Interview on 06/02/25 at 2:14 PM with MAINT revealed on the interior of the van the 4 black straps with hooks were to secure the wheelchair in place, and the red seatbelts were to secure the resident in a wheelchair and were to go across the resident's chest and across the resident's lap. MAINT demonstrated how the seatbelt would secure a resident in a wheelchair once the 4 straps and hooks secured the wheelchair in place. MAINT stated he was up to date on the transport van maintenance, and he had looked at the Vehicle Inspection Reports and the van was in good working condition. He stated he looked at the transport van seatbelts and wheelchair straps after the incident and saw no issues. Interview on 06/02/25 at 4:42 PM with the RP, who stated Driver A had asked her to hold the wheelchair and then Driver A lifted Resident #1, and the RP pushed the wheelchair forward under Resident #1's bottom so Driver A could get her back in the wheelchair . The RP stated Resident #1was seeing the orthopedic surgeon on Wednesday, 06/04/25. The RP believed Resident #1 had not been strapped in the wheelchair since she went forward on her knees and hit her head on the backside of the driver's seat. The RP further stated Resident #1 told her when Driver A turned, she slammed on her brakes, and that was when she fell out of the wheelchair. Interview on 06/02/25 at 5:04 PM with Resident #1 revealed she knew something had happened to her, but she was not able to recall all the events. She stated she was having pain in her left knee and pointed to the left knee with a brace on it. Resident #1 stated Driver A slammed on the brakes and she remembered sliding out of the wheelchair and landed on her knees, and she did not remember too much after that. Resident #1 stated she did not remember if there was a seat belt on her or not. Resident #1 stated she had an appointment with a doctor who would check on her knee tomorrow, and the RP would be going along. Record review of a statement from Resident #1, dated 05/27/25, included in the facility investigation reflected, Resident #1 stated that she slid out of her wheelchair while in the back of the van. She stated that she hit the back of the driver seat, and her knees went under her. Resident #1 stated that Driver A then attempted to help her but was unsuccessful due to how she was positioned. Resident #1 then stated that when she stopped, Driver A asked her RP who met them there to assist her in helping her back into the wheelchair. Resident #1 stated to ADON , during this statement, that at the time she had no pain but that she felt a slight tingling and burn just a tad bit but stated that she was having no pain when asked to rate pain. Resident #1 stated that the nurse at the doctor assessed her knee and cleaned it up and applied bandages. Educated Resident #1 on pain assessments and assessed her knees as well. Resident #1 stated that it was not that bad. Informed resident that we will send for X-ray of knees, and she said OKAY. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	Record review of In-service conducted on 05/27/25 for staff who transport or assist with transporting residents in the van on the following (with return demonstration): Staff members not in-serviced will not transport residents. 1. How to safely load and unload residents in the van using the lift 2. Properly securing a resident in the van: Ambulatory resident - securing with seat belt. Non-ambulatory resident - securing the wheelchair and the resident. Record review of the Vehicle Inspection Report dated 05/28/25 reflected the following relevant items were checked for the interior of the vehicle: Instruments, gages, horn, and warning lights working properly. Floors, seats, doors, and steps all clean and free of debris/stains Seat Belts clean and in good working condition Wheelchair Tie-Downs inspected and working properly. Summary of the report reflected the van and equipment in good working condition. Record review of In-service, conducted on 05/27/25, reflected, Resident involved in a van incident such as slipping out of the chair, tipping back in the chair, or hitting head, the transported should immediately stop and call 911, notify the Administrator and/or the DON immediately if you are off the property. Do not move the resident. If you're on the property immediately go, get a nurse to assess the resident. Record review of the Employee Auto Training Handbook - Vehicle Inspection Report, dated 05/28/25, reflected the vehicle interior (including the seatbelts clean and in good working condition), vehicle exterior, fluid levels, and emergency equipment were acceptable, and the van and equipment were in good working condition. Record review of the undated Employee Auto Training Handbook reflected, The Driver Training Handbook is a statement of company and expectations as it pertains to transport vehicles, procedures to ensure resident safety and to promote safe driving practices. Employee safety responsibilities 1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 - Actual harm Residents Affected - Few	Observe all organization safety and health rules and apply the principles of accident prevention in your day-to-day duties. 2. Report any job-related injury, illness, or property damage to your supervisor immediately. 3. Report any hazardous conditions and unsafe acts to your supervisor promptly. 4. Follow proper lifting procedures always. 5. Whenever driving an organization vehicle or personally owned vehicle for organization business seat belts must be used. The noncompliance was identified as PNC. The PNC began on 5/27/25 and ended on 5/28/25. The facility had corrected the noncompliance before the survey began.