| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455733 | A. Building<br>B. Wing | 05/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage at Turner Park Health & Rehab | 820 Small St.<br>Grand Prairie, TX 75050 |

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<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision to prevent accidents for one (Resident #1) of three residents reviewed for accident, hazards and supervision. The facility failed to maintain the resident environment as free of hazards as possible and failed to ensure each resident received adequate supervision when Resident #1, who was known to be non-compliant with his NPO status, entered the employee breakroom, which was not secured, used a microwave to heat water and sustained second degree burns to his hand after spilling the hot liquid. Staff were unaware of the incident or injury until they were notified by a hospice nurse. This failure could place residents at risk of serious injury or harm. Record review of Resident #1's significant change MDS assessment dated [DATE] reflected the resident was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included malignant neoplasm of pharynx (throat cancer), anemia (disorder where the body lacks sufficient healthy red blood cells), thyroid disorder (production of too much or too little hormone), aphasia (language disorder caused by brain damage), malnutrition (lack of proper nutrition), depression (persistent sadness, loss of interest, and functional impairment), dysphagia (a swallowing disorder) and adult failure to thrive (unintended weight loss, malnutrition, dehydration, cognitive decline, and functional impairment). The MDS reflected a BIMS of 14, cognitively intact. The MDS reflected Resident #1 was set up assistance with toilet transfer, chair/bed-to-chair transfers, toileting hygiene and eating. The MDS further reflected Resident #1 did not use a mobility device. Resident #1's nutritional approach was a feeding tube. Review of Resident #1's care plan, revision date of 04/10/26, reflected as follows:*Resident #1 had an ADL self-care performance deficit: assist with personal hygiene as needed, requires staff assistance of one person for bathing, supervision as needed for bed mobility, praise all efforts of self-care, supervision with dressing as needed and supervision as needed with toileting.*Resident #1 has impaired communication as evidence by confusion related to memory deficits.*Resident #1 is NPO, with a peg tube feeding (a tube inserted through the abdomen into the stomach). Resident #1 is noncompliant with tube feeding and NPO. On 04/27/26 Resident #1 has potential/actual impairment to skin integrity related burn to right hand: resident educated to ask for assistance with ADL's and meals. Staff will continue to encourage resident not to heat water at any time and to wait for assistance. On 04/27/26 Resident #1 has impaired safety awareness/judgement when interacting with environment hazards related burning himself on right hand with hot water. Staff to reinforce safety awareness regularly. Staff to educate resident to call staff when it comes to handling of hot liquids and other environmental hazards. Review of Resident #1's physician order dated 04/27/26 signed by MD revealed Cleanse wound to right hand wit normal saline, pat dry, apply Xeroform gauze and cover with bordered dry dressing daily and PRN if soiled or dislodged. Review of the facility's Provider Investigation Report dated 04/27/26 completed by ADM revealed the following:Resident #1 reported today to the nurse that he went to the breakroom to get hot water without asking for assistance, he sustained a burn to right arm from the hot water. The investigation confirmed the resident entered the breakroom and microwaved hot water without asking for assistance. The<br>(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 |
|---|---|---|

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | resident has a BIMS score of 14 and is alert and oriented. During the investigation, he stated he did not need help and believed he could do it on his own. He also acknowledged opening the breakroom door independently and reported that he did not notify staff because it did not hurt and he was not in pain. The resident has a history of non-compliance and often attempts to perform tasks independently with requesting assistance. Review of Resident #1's hospice visit note report for 04/27/26 completed by Hospice RN D revealed the following: .Summary of today's visit finding: the patient was up in his bed resting. His speech is garbled. He is alert and oriented times four. He denies any pain at this time. The patient has a burn wound to the right hand. Notified the facility wound nurse and DON. Review of the facility incident report, Event Nurses' Note-Burn dated 04/27/26 completed by ADON/LVN A revealed the following: .Location: breakroom, caused by coffee, tea or other hot liquid. Part of body burned: right hand. Details of injury: burn to right hand measuring approximately 5.5cm x 4.5cm x 0.1cm, skin with redness, no bleeding. Cognition: oriented/no problem. Nursing description of the event: Resident #1 reported to the nurse that he went to the breakroom to get hot water without asking for assistance, he sustained burn to right hand and he didn't report because he was not in pain at that time.Resident statement related to event. I was trying to get hot water and burnt my right hand. Interventions: Resident educated to ask for assistance with ADLs and meals. Review of Resident #1's progress noted dated 04/27/26 at 2:00 PM completed by ADON/LVN A revealed the following:Resident reported to the nurse that he went to the breakroom to get hot water without asking for assistance, he sustained burn to right hand and he didn't report because he was not in pain at that time. Head to toe assessment performed. Vital signs blood pressure was 126/66; pulse 65; respirations 18, oxygen saturation on room air was 96% temperature 97.8, open wound noted to right hand, no bleeding noted and no complaints of pain, MD notified gave new order to cleanse wound to right hand with normal saline, pat dry, apply Xeroform (a sterile, non-adherent petrolatum-based gauze dressing) gauze and wrap with Kerlix and secure with tape daily and PRN if dislodged. Hospice, DON, Administrator and RP notified. Resident educated to ask for assistance with ADLs and meals. Review of Resident #1's weekly skin assessment dated [DATE] at 2:25 PM completed by ADON/LVN A revealed the following: .Skin color: normalTemperature of skin: warmBruise present: Yes: Location: measurements of bruising: Discoloration to right hand between first and second finger measuring approximately 6.0cm x 5.0cmOther skin findings present: Yes. Other skin findings: Wound from burn to right hand between first and second fingers measuring approximately 5.5 cm x 4.5cm x 0.1cmThe MD/NP notified of the above skin assessment. New orders: Cleanse wound to right hand with normal saline, pat dry, apply Xeroform gauze and cover with bordered dry dressing daily and PRN if soiled or dislodged. Review of Resident #1's Negotiated Risk Agreement dated 04/27/26 at 3:41 PM completed by ADON/LVN A and DON revealed the following: .What is the final agreement: The resident has agreed to sign this agreement because he states that he is going to continue to do what he thinks is best for hisneeds. Review of Acute Episodic Visit Note for Resident #1 dated 04/29/26 completed by NP C revealed the following: .Resident #1 was seen today for an acute episode visit of burn to dorsum of his right hand. He voices he wanted hot water and went to the employee breakroom and heated water in the microwave. He is not willing to give all the details on why he needed hot water or why he did not ask for help. He does not explain why he went into the employee breakroom without asking for help. He also did not explain what he needed water for when he is a g-tube (a device inserted through the abdomen into the stomach to provide long-term nutrition, fluids, and medications). He is alert and oriented times four. He has a signed waiver for his g-tube. He laughed and typed on his phone, Don't worry, I will be okay. Treatment at hand is Xeroform daily and PRN. He denies pain at this time. Review of Resident #1's Wound Assessment Report dated 04/30/26 completed by NP B revealed the following: .location: right thumb. Measurements: length 5.00cm, width 4.00cm, depth 0.10cm. Etiology: burn-second degree. Dressing change frequency: every other day and PRN. Clean wound with: cleanse with wound cleanser. Primary treatment: Xeroform. Other dressings: bordered dressing. Observation on 05/04/26 at approximately 8:00 AM revealed signage on employee breakroom door revealed<br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Breakroom is for staff use only. Observation and interview on 05/04/26 at approximately 8:15 AM with Resident #1. Resident #1 was alert and sitting up in the corner of his bed. Resident #1 indicated by using his hands he was hard of hearing. Observation of the bandage to Resident #1's right hand, bandage was clean, dry and dated. Resident #1 was talkative however it was difficult to understand him. Surveyor E was unable to obtain details of his right-hand injury, however he did use the word microwave and stated he was not in pain. Interview on 05/04/26 at 8:20 AM with the DON revealed Resident #1 reported the injury on Monday 04/27/26. The DON stated that Resident #1 did not report the injury immediately, the DON stated it appears to have happened the weekend of 04/25-04/26/26. The DON stated that the resident was difficult to understand and that Resident #1 has provided different details regarding the incident. The DON stated that the facility did not know what time the incident occurred, however Resident #1 stated that it happened in the employee breakroom. The DON stated that Resident #1 heated up water using the microwave in the employee breakroom without asking for assistance and accidentally spilled water on himself which was what the investigation concluded. The DON stated that the microwave was immediately removed from the employee breakroom on 04/27/26 and relocated to a new room with a code entry lock on the door. Observation on 05/04/26 at 8:34 AM of the code entry lock storage room with the Maintenance Director and the DON revealed two microwaves. Observation of signage on outside of door revealed Microwave in use, staff only allowed, door to microwave to remain closed and locked at all times. Interview on 05/04/26 at 9:34 AM with the ADM revealed Resident #1 reported to Hospice RN D on Monday 04/27/26 that Resident #1 went to the employee breakroom without assistance to heat up water. The ADM stated she interviewed Resident #1 on Monday 04/27/26 about the incident. The ADM stated Resident #1 accidentally spilled water on himself and got a burn to his right hand. The ADM stated when she interviewed Resident #1 about the incident, Resident #1 stated he felt like he could use the microwave himself and he didn't need help. The ADM reported that Resident #1 stated he had no pain at the time of the incident, that is why he didn't report it to any of the staff. The ADM stated that Resident #1 is alert and oriented, Resident #1 has a BIMS score of 14-15. The ADM stated that Resident #1 is noncompliant with being NPO and it was care planned. The ADM stated that when she asked Resident #1 when the incident occurred he stated to her sometime last week. The ADM stated that Resident #1 has never asked to use the microwave before this was the first time of knowing Resident #1 to use a microwave. The ADM stated that the MD ordered wound treatment immediately and Resident #1 did not require hospital transport. When asked if Resident #1 had a hot beverage risk assessment, ADM replied no since the resident was not cognitively impaired nor did he have any physical deficits which would have placed him at risk prior to the incident. Follow up interview on 05/04/26 at 10:19 AM with Resident #1. Resident #1 stated the microwave incident occurred two weekends ago. Resident #1 stated he was in the employee breakroom around 11 AM, there were no staff in the breakroom. Resident #1 stated he used his personal cup and got the water himself from the breakroom and spilled the water on his hand while removing the cup from the microwave. Resident #1 stated he was not in any pain when the spill occurred. Resident #1 stated he did not tell anyone about the incident when it happened since he was not in pain. Resident #1 stated that was the only time he had used the microwave in the breakroom. Resident #1 stated it happened a long time ago and it was nothing. Resident #1 stated he knows not to use the microwave again and to ask staff for assistance next time. Interview on 05/04/26 at 1:59 PM with ADON/LVN A revealed that Hospice RN D was visiting Resident #1 on Monday 04/27/26. ADON/LVN A stated that Hospice RN D noticed that Resident #1 had a homemade style bandage on his right hand and he brought it to the attention of ADON/LVN A and the DON. ADON/LVN A stated that Hospice RN D had asked Resident #1 about the bandage and Resident #1 reported that he tried to warm up water in the microwave in the breakroom and accidentally spilled the water on his hand. Resident #1 stated that the incident occurred over the weekend but Resident #1 did not report it to anyone. ADON/LVN A stated he immediately went to assess Resident #1 since he was the facility wound care nurse. ADON/LVN A stated that Resident #1 (continued on next page) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | resisted an assessment at first, Resident #1 was stating his right hand was ok. ADON/LVN A stated that the area was red without blisters. ADON/LVN A stated he called the MD for treatment orders. ADON/LVN A stated Resident #1's hand is improving and NP C was monitoring it. Interview on 05/04/26 at 2:18 PM with CNA F revealed Resident #1 was alert and oriented. CNA F stated Resident #1 is independent with his ADLs; he does everything on his own. CNA F stated she had never seen Resident #1 go into the breakroom or ask to use a microwave. Interview on 05/04/26 at 6:55 PM via telephone with LVN H revealed she worked the weekend of 04/25-04/26/26. LVN H stated that her normal shift was double weekends, 6:00 AM-10:00 PM. LVN H revealed Resident #1 was alert and oriented. LVN H stated that Resident #1 has never asked to use a microwave or been seen using a microwave. LVN H stated she had no knowledge of the incident that resulted in Resident #1's injury. LVN H stated she asked Resident #1 about his injury on 05/02/26. LVN H stated Resident #1 wrote to me using his phone that he got burned when using a microwave, that he reached into the microwave to get the water and it got on his hand. Resident #1 told LVN H that the incident occurred in the middle of the night. Review of employee schedule dated revealed LVN I worked the 10:00 PM-6:00 AM shift on 04/25-04/26/26. Interview attempted on 05/05/26 at 8:26 AM with LVN I via telephone. LVN I did not return phone call prior to investigation completion. Text message send to LVN I on 05/05/26 at 10:28 AM requesting a return phone call. Interview on 05/05/26 at 8:41 AM with the ADM revealed the facility does not have a policy on microwaves including microwaves in the employee breakroom. ADM stated we did an in service on 04/27/26 with all staff on the expectation protocol of microwave security. Interview on 05/05/26 at 8:52 AM with LVN G revealed Resident #1 was alert and oriented. LVN G stated that Resident #1 was alert and oriented. LVN G stated that Resident #1 has never asked to use the microwave. Interview on 05/05/26 at 10:10 AM via telephone with Hospice RN D revealed on Monday 04/27/26 Resident #1 was observed with a homemade style bandage on his right hand. Hospice RN I asked Resident #1 about the bandage and Resident #1 would not say what happened, Resident #1 just said hot water and he was fine. Hospice RN I stated he went to the ADON/LVN A and the DON to tell them about Resident #1's bandage so that the ADON/LVN A and DON could investigate. Review of in service dated 04/27/26 with all staff conducted by the DON regarding the topic of resident safety revealed the following: Resident Safety Notice-Microwave Security. For the resident safety, all microwaves must remain secured at all times and accessible to staff only. The storage is restricted to staff, and the lock code is for staff only and must not be shared with residents or families. All staff are expected to ensure residents do not use microwaves independently. This includes keeping microwaves secured after each use, and intervening immediately if a resident attempts to access or use one without assistance. Always check the temperature prior to serving to prevent burns or injury. Strict adherence to this protocol is required to reduce risk, prevent accidents, and maintain a safe environment for all residents. |