

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Bedford Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2001 Forest Ridge Dr Bedford, TX 76021	

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 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45507</p> <p>Based on observation, interview and record review, the facility failed to ensure staff had successfully completed a State-approved training course for feeding assistance before feeding residents who required staff to feed them, for 1 of 1 residents (Resident #1) reviewed for meal assistance.</p> <p>The facility did not ensure the Social Worker completed a state approved training course for feeding residents before assisting Resident #1 with feeding.</p> <p>This failure could place residents who required assistance with eating at risk of aspiration and choking.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 03/20/2025, revealed an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease (A neurodegenerative disease primarily affecting the central nervous system affecting both motor and non-motor systems), generalized anxiety disorder, and essential tremor (a neurological condition causing involuntary, rhythmic shaking).</p> <p>Record review of Resident #1's admission MDS assessment, dated 02/13/2025, revealed a BIMS score of 12, indicating moderate cognitive impairment. Further review of the MDS revealed Resident #1 required supervision with eating.</p> <p>Observation on 03/20/2025 at 1:51 pm, revealed Resident #1 lying in bed. The Social Worker was standing up next to Resident #1's bed, wearing gloves and feeding Resident #1 a tuna sandwich. The Social Worker would bring up the sandwich to Resident #1's mouth and she would take a bite. Resident #1 was observed holding another sandwich with her left hand but was not able to bring her hand up to her mouth.</p> <p>Interview on 03/20/2025 at 2:00 pm, the Social Worker stated his duties included to walk around and see who needed help and he would assist residents with meals if the situation came up. He stated he could not say for sure if he was trained to assist residents with feeding. He stated he wore gloves for health concerns and some residents preferred that they wore gloves. He stated there could be a dignity issue when standing over residents while feeding. The Social Worker stated CNAs usually assisted residents with meals, and he did not assist any other residents with feeding today.</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 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/26/2025 at 11:31 am, the Administrator stated CNAs and nurses were trained how to feed as part of their competency. He stated they did general in-services on customer service but no training on how to feed residents. He stated Resident #1 was able to feed herself, and the Social Worker was assisting. He stated all of the department heads had been checked off on checking trays, puree and mechanical diets. The Administrator stated the Social Worker was setting up and not feeding Resident #1. The Administrator stated when the SW brought the food to Resident #1's mouth, it was not considered feeding and the SW was setting up. He stated the risk was an employee not knowing if something was not right with the patient while feeding but it did not apply in this case. Surveyor requested feeding and/or paid feeding assistant policy.</p> <p>Interview on 03/26/2025 at 2:19 pm, the DON stated Resident #1 was normally independent, able to feed herself and the managers could set up the tray for her. She stated the risk if staff were not trained could be choking or giving the wrong diet, but she stated she did not think the SW was feeding Resident #1. The DON stated there was no policy on assisted feeding and normally the skills were taught at school so the CNAs and Nurses were trained already.</p> <p>Record review of the Social Worker's file and training record revealed no state approved feeding training course was taken.</p>		