

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2024
NAME OF PROVIDER OR SUPPLIER Granbury Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 S Park St Granbury, TX 76048	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47044</p> <p>Based on interview, and record review, the facility failed to ensure the resident environment remained as free from accident hazards as was possible and each resident received adequate supervision and assistive devices to prevent accidents for 1 of 20 residents (Resident #1) reviewed for accidents and supervision.</p> <p>CNA A failed to ensure Resident #1 was properly transferred by two persons using a Hoyer Lift to prevent accidents.</p> <p>This failure could place the residents at risk of injury.</p> <p>Findings included:</p> <p>Record review of Resident #1's electronic health record revealed a [AGE] year-old male, admitted [DATE], Diagnoses: muscle weakness, other lack of coordination, age-related physical debility, nondisplaced fracture of lateral end of unspecified clavicle (clavicle fracture), subsequent encounter for fracture with routine healing, and repeated falls.</p> <p>Record review of Resident #1's MDS Resident Assessment and Care Screening , Section G, Functional Status revealed Transfer: 3=Extensive assistance; Two+ person physical assist. Section C revealed a BIMS score of 15.</p> <p>Record review of Resident #1's electronic health record revealed the most recent Care Plan dated 9/27/23, revision dated 05/03/2024 on page 12 of 13 stated, Transfers: requires assist x 2 (Hoyer Lift).</p> <p>Interview on 5/3/24 at 6:03pm with Resident #1 revealed staff were putting him to bed and hit his head on the wall. Resident #1 stated he received a goose egg and saw stars when his head hit the wall. Resident opted not to go to the hospital and revealed it was CNA A and another Hispanic lady.</p> <p>Record review of Resident #1's physician order dated 5/2/2024 revealed Mechanical Lift with 2-person assistance for transfers.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's progress note dated 5/2/24 at 1:25 pm by LVN B revealed Resident c/o bump to back of neck. Resident states last evening CNA unintentionally bumped head on wall while hoiering to bed. Nursing staff assessed resident head and neck notes no redness, swelling, bruising, or bleeding to head or neck ADON Notified.</p> <p>Record review of CNA A Certificate of Completion dated 12/26/23 revealed successful completion of course labeled Mechanical Lifts.</p> <p>Interview on 5/3/24 at 6:25pm with ADM revealed CNA A transferred Resident #1 by herself and when asked why she did that, she said that there were no other aides around. The ADM further revealed when he asked CNA A why she did not go get a nurse, she stated she did not think of that. The ADM revealed CNA A had been trained and knew better than to transfer with one person.</p> <p>Interview on 5/5/24 at 3:34 pm with CNA A via telephone revealed she had transferred Resident #1 by herself, and she was supposed to have two people to Hoyer transfer. CNA A stated Resident #1 wanted to go smoke and was yelling at her and she was trying to hurry and do what he wanted her to do. CNA A stated Resident #1 hit his head, but she thought he was joking because he liked to joke, and she did not see him hit his head. CNA further revealed she had been trained on Hoyer Lift transfers and knew better than to do it by herself.</p> <p>Interview on 5/05/24 at 1:45 pm with the ADON revealed she assessed Resident #1 the next day after the incident was reported to her and Resident #1 had no injuries or pain at that time. The ADON revealed staff have all been checked off on Hoyer Lift competencies. That happens at hire and then another one after this incident .It's a two-person thing.</p> <p>Interview on 5/05/24 at 4:40 pm with the DON revealed she assisted with the assessment of Resident #1 and found no injuries or pain. The DON revealed two people should always be used during a Hoyer Lift transfer. The DON stated that CNA A had been trained prior to the incident.</p> <p>Record review of Hydraulic Lift policy undated revealed The number of staff to provide assistance with the transfer should be determined by the manufacture recommendations. 2. The caregiver will demonstrate safe and correct transfer of the resident to the bed or chair via the hydraulic lift</p> <p>Interview on 5/04/24 at 5:35 pm with ADM revealed the manufacturer's documents for the Hoyer Lift state to ask the facility so it does not say how many people to use. ADM revealed that facility Moving a Resident policy states, possibly two and facility always trains for staff to use two staff and it is also in Resident #1's care plan as two assist Hoyer lift transfer. ADM provided Statement of Intended Use from Hoyer Manual.</p> <p>Record review of the mechanical lift manufacturer's document: Statement of Intended Use page 5 undated revealed The intended use of this lifting device is for the safe lifting and transfer of an individual from one resting surface to another (such as bed to a wheelchair) .there are circumstances .that may require two people to safely operate the lift. It is the responsibility of the facility or caregiver to determine if more than one person is required to safely operate the lift at the time of transfer.</p>		