

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  07/23/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641</b></p> <p>Based on observation, interviews, and record reviews, the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents for 2 (Resident #3 and Resident #7) of 6 residents reviewed who required working call lights for quality of care.</p> <p>The facility failed to ensure the call light in Resident #3 and Resident #7's room was in good working order. The string to activate call light was long enough to be within reach of residents in room.</p> <p>This failure could place residents at risk of not being able to alert staff to their room.</p> <p>Findings include:</p> <p>Record review of MDS dated [DATE] reflected . Resident #3 Female [AGE] years old, admitted on [DATE]. BIMS of 0, severe cognitive impairment. Medical Diagnosis of Alzheimer's (neurodegenerative disease). Resident's Care Plan dated 5/2/24 states the resident has a communication problem r/t impaired cognitive status, ensure/provide a safe environment: Call light in reach.</p> <p>Record review of MDS dated [DATE] reflected . Resident #7, Female [AGE] years old, admitted to facility on 4/8/23. BIMS of 3 cognitive impaired. Resident #7 has a medical diagnosis of Dementia (neurodegenerative disease with decline in cognitive abilities)</p> <p>Care Plan dated 7/3/24 states The resident is risk for falls r/t cognition impaired, poor safety awareness, unsteady.</p> <p>balance. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>Observation on 7/23/24 at 10:20am revealed that the call light system in Resident #7's room was not within reach. The system was a string system that when pulled turns the call light on, much like a light switch in a room. Observation revealed that the string connected to the switch on the wall was 8 inches long, not long enough for residents sitting, or lying in bed to be able to reach the string to activate the call light if needed.</p> <p>Observation on 7/23/24 at 10:20am revealed Resident #3 was observed sitting in her wheelchair ambulating down the hall, Resident #3 was non interview able.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 7/23/24 at 10:30am resident #7, was sitting on her bed, call light was not within reach, resident #7 stated she did not know there was a call light system in her room and had never used it.</p> <p>Interview on 7/23/24 at 10:25am CNA A stated she has worked at the facility for 3 months and had not noticed that the call light string was cut and non-usable. CNA A stated staff performed rounds constantly and call lights were not used much in the secure unit.</p> <p>Interview on 7/23/24 at 10:40am Administrator stated she was unaware of the string being cut. Observed Administrator herself repaired call light in room A008 by adding two new strings long enough to be within reach of residents when needed. Administrator stated that having a call light system in each room that was functional was necessary for each residents' safety and well-being.</p> <p>Review of the Facility Call Light System Check Policy (no date) states, Step 2. Check wall station in each patient room. Repair as necessary.</p>		