

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Granbury Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 2124 Paluxy Hwy 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 0575</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>49640</p> <p>Based on observation and interview, the facility failed to post the HHSC complaint number and a statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of a state or federal regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of property in the entire facility observed for required postings reviewed for resident rights.</p> <p>The facility failed to ensure the required posting of a HHSC complaint number and statement about how a resident may file a complaint with the State Survey agency.</p> <p>This failure placed residents at risk of being unaware of who and how to contact the State Survey Agency and their right to file a complaint with the State Service Agency concerning any suspected violation of state or federal regulation.</p> <p>The findings included:</p> <p>An observation of the facility's front lobby area on 07/31/24 at 11:30 a.m. revealed there was no HHSC complaint number and statement that the resident may file a complaint with the State Survey Agency posted.</p> <p>In a confidential group interview on 07/31/24 at 9:52 a.m. with seven residents revealed residents did not know how to file and contact the State Survey Agency if they have any complaints. They stated they would like to be aware of how to file a complaint with the State Survey Agency.</p> <p>An interview with the Administrator on 07/31/24 at 1:30 pm, revealed he did not know why there were no HHSC complaint number and statement that the resident may file a complaint with the State Survey Agency posted. The Administrator said it was important to have this signage posted so residents will know how to file a complaint regarding staff and residents. The Administrator said there was not a policy regarding required postings.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>49640</p> <p>Based on interview, the facility failed to ensure the residents' right to receive their mail for seven of seven (confidential) residents interviewed regarding personal mail.</p> <p>The facility failed to distribute mail to residents on Saturdays.</p> <p>This failure could place residents at risk of not receiving mail in a timely manner and could result in a decline in resident's psychosocial well-being and quality of life.</p> <p>Findings include:</p> <p>During a confidential group interview on 07/31/24 at 9:52 am, 7 of 7 residents stated that mail was only delivered Monday through Friday, when the facility's business office was opened and not on weekends. They stated they would like to receive their mail on Saturday when facility receives it.</p> <p>An interview with the Business Office Manager on 08/01/24 at 11:40 am, revealed mail was distributed on Saturdays by Resident #1. The Business Office Manager stated Resident #1 volunteered to distribute the mail. The Business Office Manager stated there was a weekend receptionist.</p> <p>An interview with Resident #1 on 08/01/24 at 12:00 pm, revealed she does not distribute mail on Saturdays. Resident #1 stated she waited until Mondays to distribute Saturday's mail when she was given the mail to distribute to residents. Resident #1 stated the weekend Receptionist retrieved the Saturday mail and took it to the business office. Resident #1 stated the business office separated the mail and then it was given to her to distribute to residents.</p> <p>An interview with the Administrator on 08/01/24 at 2:23 pm, revealed he was not aware the mail was not delivered on Saturdays. The Administrator stated he planned to put a system in place for residents to receive mail on Saturdays. The Administrator revealed there was not a policy regarding mail distribution.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49640</p> <p>Based on interview and record review, the facility failed to ensure each resident received food that accommodated their preferences for seven residents in confidential group interview reviewed for food preferences.</p> <p>The facility failed to accommodate the residents' preference of spreading peanut butter on the peanut butter/jelly sandwich when served.</p> <p>This failure could place residents at risk for not having their choices and food preferences accommodated, possible weight loss and a diminished quality of life.</p> <p>Findings include:</p> <p>A confidential group meeting on 07/31/24 at 9:52 am, revealed peanut butter and jelly, as well as chicken salad, are not spread on bread when served. The residents stated the jelly is thick and tore the bread when spread.</p> <p>An interview with the Dietary Manager on 07/31/24 at 12:30 pm, revealed the jelly was difficult to spread due to the thickness. The Dietary Manager stated the facility changed to Company D in January, which only provided the thick jelly for residents. The Dietary Manager stated residents have been complaining about the jelly being too thick during monthly Food Committee meetings held with residents. The Dietary Manager stated there was not a policy regarding resident preferences.</p> <p>An interview with the Consultant Dietitian on 08/01/24 at 9:01 am revealed the Administrator went out yesterday evening and bought jelly from a local store to meet resident preferences. The Dietitian stated they would look into getting a different jelly that was not thick to meet resident needs. The Consultant Dietitian stated she did not have a specific policy on food preferences. She provided the alternate list which included peanut butter/jelly.</p> <p>During an interview on 08/01/24 at 9:13 am, the Administrator stated he would ensure residents have jelly to meet their resident preferences. The Administrator stated it was important to meet resident preferences. The Administrator stated he purchased jelly from the local store since the facility was unable to get the jelly from their vendor, Company D.</p> <p>Record Review of the Resident Food Committee Meeting Minutes dated 04/25/24 reflected Resident Topics/Concerns Identified: better jelly for PBJ.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34399</p> <p>Based on observations, interviews and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for the facility's only kitchen observed for kitchen sanitation.</p> <ol style="list-style-type: none"> The facility failed to ensure the fryer with grease was covered and cleaned when not in use. The facility failed to ensure sugar container was sealed. The sugar and four containers in dry storage were not free from white powder on top. Dietary Aide B failed to practice proper hand hygiene during lunch meal preparation on 07/31/24. The facility failed to ensure icing container, chicken broth and beef broth containers were free of crumbs and particles. <p>These failures could place residents at risk for food contamination and food-borne illness.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Observation on 07/30/24 at 10:35 AM revealed fryer was uncovered with dark oil and grease debris on the inside above the oil. There were grease debris and particles on front of fyer along with sides. <p>Interview on 07/30/24 at 10:38 AM with Dietary [NAME] A revealed the fryer was not used today and was not sure the last time it had been used. She stated it should be wiped and cleaned after use. She stated she was going to use it today for lunch. She stated the evening Dietary [NAME] was responsible for draining, cleaning and replacing the new oil every Wednesday.</p> <ol style="list-style-type: none"> Observations on 07/30/24 at 10:38 AM revealed in dry storage: <ul style="list-style-type: none"> -A sugar container was not sealed with about 2 cups of sugar inside with white particles on lid. -A flour plastic container dated 2024 had white powder on the lid. <p>Interview on 07/30/24 at 10:40 AM with Dietary [NAME] A revealed the sugar container was open and staff would clean the lid off after the sugar is refilled today. She stated dietary staff would wipe off the containers after they put they put up the weekly shipment of food supplies in dry storage.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 07/30/24 at 3:28 PM with Dietary Manager stated the fryer in kitchen was drained, cleaned and put new oil in every Wednesday. She stated the dietary staff should wipe it the front and top of the fryer after use. She stated evening cook cleaned it on Wednesday as well. She stated we do not have a cover for it. She stated the fryer being uncovered could cause insects and bugs to get in it. She stated the white particles may have gotten on the lid when dietary staff was measuring it. She stated the dietary staff would wipe off the containers after they put new sugar in it. She stated the containers like sugar should be closed and wiped down because it can attract bugs.</p> <p>3. Observation on 07/31/24 at 11:47 AM revealed Dietary Aide B had both his gloved hands palm down on the counter. Dietary Aide did not wash hands and touched the plate of fruit tray. He put both gloved hands on the counter. At 11:51 AM Dietary Aide B did not change gloves or wash hands, he touched soup bowl to put on resident lunch meal tray. He took gloves off and did not wash hands. He put glove on right hand only. He picked up soup with right gloved hand and put it on meal tray. He changed glove, did not wash hands and put new glove on right hand. He put peanut butter and jelly sandwich on 2 meal trays touching the meal tray with gloved right hand. He did not wash hands and then put soup on meal tray. He changed glove on right hand, did not wash hands and put chef salad on meal tray.</p> <p>Interview on 07/31/24 at 12:08 PM with Dietary Aide B revealed when he did change his gloves he should have washed his hands between glove changes. He stated the counter was cleaned beforehand so he did not realize he needed to change his gloves and wash his hands when he touched it. Dietary Aide B stated he work prn.</p> <p>Interview on 07/31/24 at 12:10 PM with Dietary Manager revealed Dietary Aide B worked prn and had just returned working recently. She stated Dietary Aide B should have washed his hands between glove changes and when touching the counter. She stated she would in-service Dietary Aide B about hand hygiene. She stated he was still getting used to working back in the kitchen.</p> <p>4. Observation on 07/31/24 at 11:46 AM revealed icing container had crumbs on it. The beef broth and chicken broth containers had crumbs and particles on it.</p> <p>Interview on 07/31/24 at 12:11 PM with Dietary Manager revealed she was not sure what was on the lids of the icing container, beef broth and chicken broth containers but they should all be cleaned off. She stated the box on shelf above it when Dietary Staff move it may have caused the particles to fall on the containers since it is up the containers.</p> <p>Interview on 08/01/24 at 9:01 AM with Consultant Dietitian and Dietary Manager revealed the risk to dietary staff not washing hands when changing gloves or contaminating their gloves would be cross contamination.</p> <p>Review of facility's policy Equipment Cleaning Procedures last revised 01/13 reflected all dietary equipment and the environment are cleaned and sanitized in a manner that meets local(if applicable), state, and federal regulations. Cleaning Frequency: Equipment and items that are used in food preparation should be cleaned and sanitized after each use .Weekly: If the fryer is used frequently (five or more times a week), clean weekly.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility's policy Dry Food and Supplies Storage revised 11/15/17 and reviewed 07/22/22 reflected Desirable practices include keeping dry food products in closed containers .All bulk food items (i.e. flour, sugar) that are removed from original containers into food grade containers must have tight fitting lids .Dry storage areas will be kept neat, clean and orderly.</p> <p>Review of facility's policy Single-Glove Use in Dietary Services last revised 01/2015 and reviewed 07/2022 reflected Dietary Staff will maintain proper food safety practices through proper hand washing and disposable glove use as appropriate .It is important to note that sound handwashing are always the first line of defense in safe food handling .When properly used, single-use gloves can serve as an effective barrier between bare hands and food. Under procedure it reflected 1. Hands must be washed prior to putting on gloves .6. Hands must be washed once gloves are removed. 7. DSM (Dietary Services Manager) should monitor frequently to ensure proper glove use and hand washing practices are in place.</p> <p>Review of facility's policy Hand Washing last revised 11/2017 and reviewed dated 07/2022 reflected Gloved hands are considered a food contact surface that can get contaminated or soiled .The use of disposable gloves is not a substitute for proper hand washing. Hands must be washed before putting on gloves and after removing gloves. Failure to change gloves and wash hands between tasks .can contribute to cross-contamination. Because the skin carries microorganisms, it is critical that staff involved in food preparation consistently utilize hygiene practices and techniques including proper hand washing. Dietary Staff will wash their hands .When changing gloves.</p>		