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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675028 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>06/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Estates Healthcare and Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>201 Sycamore School Rd<br>Fort Worth, TX 76134 |  |

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<br>(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 - Some</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44937</b></p> <p>Based on observation, interview, and record review the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 3 shower rooms (Shower room [ROOM NUMBER]) observed for accident and hazards.</p> <p>The facility failed to ensure two disposable razors in Shower room [ROOM NUMBER] were kept out of reach of residents.</p> <p>These failures could place residents at risk for injury.</p> <p>Findings included:</p> <p>Observation and interview on 06/05/24 at 12:35 PM with CNA A of Shower room [ROOM NUMBER], which was to the right of the nursing station, revealed two navy blue disposable razors on top of the sharps container, within reach of residents to access. According to CNA A, razors were locked in a closet in the shower room. After use, the razors were supposed to be discarded in the sharps container. CNA A stated leaving razors on top of the sharps container placed residents at risk of taking the razors for personal use. CNA A stated if residents used razors without supervision, it would place them at risk to cut or harm themselves or others. CNA A stated aides were responsible for properly discarding razors after use.</p> <p>Interview on 06/05/24 at 2:08 PM with RN B revealed CNAs were responsible for showering and shaving residents on their shower days. RN B stated after CNAs were done with the use of a razor, CNAs were to dispose of the razors. RN B stated not doing so caused risk of infection, residents could take the razor out of the shower and cut themselves or others. RN B stated it was dangerous for residents to have access to a razor.</p> <p>Interview on 06/05/24 at 2:46 PM with the ADON revealed all staff were responsible for ensuring razors were placed in the sharps container out of reach from residents. The ADON stated staff can retrieve razors from a locked room within the shower room. The ADON stated she was not sure why razors were left outside of the sharps container. The ADON stated leaving razors out in the open placed residents at risk of cuts, injuries or infection. The ADON stated confused residents could have access to them and fall or hurt themselves or others.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Estates Healthcare and Rehabilitation Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>201 Sycamore School Rd<br>Fort Worth, TX 76134 |  |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Record review of the facility's Shaving, Electric/Safety Razors policy, dated 2003, reflected: .shaving of the male resident can be performed with an electric or safety razor depending on the preference and availability of equipment .Store all articles in the appropriate place</p> |   |  |

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|---|---|
| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43791</p> <p>Based on interview, the facility failed to designate a registered nurse to serve as the director of nursing on a full time basis for 53 of 65 days (04/13/24-06/05/24) reviewed for DON coverage.</p> <p>The facility failed to designate a RN to serve as DON on a full-time basis since 04/12/24.</p> <p>The failure placed residents at risk of not receiving necessary care and services.</p> <p>Findings included:</p> <p>Interview on 06/05/24 at 3:15 PM with the Administrator revealed the last time the facility had a dedicated DON was on 04/12/24. She stated she had interviewed applicants, but she had not hired anyone yet. Currently the DON responsibilities were being divided up between the ADON, the MDS Coordinator, and the Regional Compliance Nurse. None of the three people were dedicated to the DON position 8 hours a day. The Administrator stated she did not have a policy about DON coverage.</p> <p>Interview on 06/05/24 at 3:30 PM with the ADON revealed she and the MDS Coordinator and the Regional Compliance Nurse were covering for the DON. She stated they were also all performing their regular duties as well.</p> |