

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41781</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received adequate supervision and assistance devices to prevent accidents for 1 of 4 residents (Resident #1) reviewed for accidents.</p> <p>Staff failed to ensure Resident #1 did not receive a burn blister to her left wrist on 08/09/24 when she was drinking coffee from the dining room and spilled it on herself.</p> <p>The noncompliance was identified as PNC. The noncompliance began on 08/09/24 and ended on 08/09/24. The facility had corrected the noncompliance before the survey began.</p> <p>This deficient practice could affect residents at the facility who drank hot liquids that could cause burns from the facility's kitchen.</p> <p>Findings included:</p> <p>Review of Resident #1's admission record, dated 08/21/24, reflected the resident was a [AGE] year-old female who admitted to the facility on [DATE].</p> <p>Review of Resident #1's Admission MDS Assessment, dated 07/06/24, reflected she had a BIMS score of 07, indicating severe cognitive impairment. Further review indicated Resident #1 required supervision or touching assistance in regard to eating which was the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal was placed before the resident. Resident #1 had active diagnoses of cerebrovascular accident (stroke), transient ischemic attack (a brief episode of neurological dysfunction resulting from an interruption in the blood supply to the brain), and non-Alzheimer's dementia (a form of dementia).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Provider Investigation Report, dated 08/16/24, reflected under the section for Provider Response reflected: .Resident was provided a lid when drinking hot liquids in a cup/mug/glass. Facility staff inserviced on abuse and neglect, hot liquids, food spills, resident rights, and cooling coffee. 100% audit of residents to identify if any other residents had the potential for burns and to validate interventions were in place as indicated. Further review revealed under the section Investigation Summary reflected: Upon my investigation the resident states she had gone into the dining area after breakfast serve out to get another cup of coffee and as she was pouring coffee into a cup she lost grip of the cup due to the gloves she wears to prevent scratching her skin. When she had spilled the coffee she did not think much about it at the time as she was wearing a long sleeve sweater. She did not notify anyone when it happened as she stated she felt fine when it happened and felt no pain. Due to the long sleeved sweater she was wearing she didn't notice anything until she started to itch and rolled up her sleeve and notice she had a blisters on her left wrist. She then notified the nurse around 2:30 pm if she could get something for her wrist. That is when the nurse asked what happened. The physician was notified and orders were given on how to proceed to treat her wrist. Safe surveys conducted with no negative findings. Temperature logs were reviewed with no deviations in findings. Coffee was temped to validate accuracy of temperature logs [sic]. Further review under the section Facility Investigation Findings reflected: Confirmed.</p> <p>Review of Resident #1's physician's orders reflected the following: Triple Antibiotic Plus External Ointment 1 % (Neomycin-Bacitracin-Polymyxin-Pramoxine) Apply to left forearm topically one time a day for burn/blister for 14 days with a start date of 08/10/24 and end date of 08/24/24.</p> <p>Review of Resident #1's August 2024 MAR/TAR reflected the following: Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) Apply to left forearm arm topically one time only for burn for 1 Day apply to the left forearm x 1 [sic] and indicated she received the treatment on 08/10/24 and Triple Antibiotic Plus External Ointment 1 % (Neomycin-Bacitracin-Polymyxin-Pramoxine) Apply to left forearm topically one time a day for burn/blister for 14 days and indicated she received treatment each day from 08/10/24 to 08/21/24.</p> <p>Review of Resident #1's care plan, updated 08/09/24, reflected the following: Focus: Risk of burns due to hot liquids .Goal: Resident will not suffer any injury related to hot liquids .Interventions: Coffee and other hot liquids should not be served if over 140 degrees [Fahrenheit]. If hot liquid is spilled on self, staff should pour room temperature or lower temp liquid on the affected area of the resident. Resident to use the dominant hand for drinking. Should be seated in upright position with table or overbed table when hot liquids are being consumed.</p> <p>Review of Resident #1's Event Nurses' Note- Burn, dated 08/09/24, reflected the following: .10. Burn/Blister, 1. Location of Event Occurred .4) Dining Room, a. Check all that apply: 1. Caused by coffee, tea, or other hot liquid, b. Part of body burned: left forearm, c. Details of injury: type of injury, dimensions, appearance, etc.: 5. 5 cm x 3.2 cm blister .e. Nursing description of the event: Resident approached nurse to present burn to arm. Resident states she spilled coffee over her hand this morning at breakfast. When asked why resident didn't notify nursing staff she responded that she didn't know it was going to blister. Contacted MD [MD A] received n/o for triple abt ointment for 14 days. Wrap lightly with gauze wrap. Resident reports having no pain associated with burn. Completed by LVN B.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Hot Liquids Assessment, dated 08/09/24, reflected the following: 1. Check all conditions that apply to this resident. 1. Moderate to Severe Cognition Impairment. 2. Frequent impulsive acts or short tempered 8. Other condition or reason that puts the resident at risk for potential spills (specify below) .1a. Specify other condition or reason (blank) .2. Resident can consume hot liquids/food without special interventions? 2. No .A. Interventions to decrease potential burns with coffee or other hot liquid. Check all that apply .6. Should be seated in upright position with table or overbed table . This was the only Hot Liquids Assessment noted in Resident #1's electronic health record.</p> <p>Review of Resident #1's progress notes reflected the following on 08/09/24 written by the DON: Administrator and DON notified of burn to resident wrist. Resident was in her room when Administrator and DON arrived. Resident asked about how the burn happened. Resident stated that she was getting another cup of coffee after breakfast had finished and she lost her grip on her cup, due to her gloves she wears, and her coffee spilled on her and the floor. Resident asked why she didn't tell anyone she spilled coffee on herself and she replied that she did not because she did not think it was bad. Resident said she saw it was blistering and decided to tell someone. Resident stated no pain to burn site. Resident stated she feels safe within the facility. Nurse applied TAO, non-adherent pad, and gauze wrap. MD notified with new orders for TAO and gauze for 14 days. Family notified. Resident left sitting comfortably in her wheelchair in her room [sic].</p> <p>Observation and interview on 08/21/24 at 9:45 AM with Resident #1 revealed she was sitting in her wheelchair in her room watching television. Resident #1 had a bandage to her left forearm near her wrist area. Resident #1 said she went to the dining room one morning to get coffee like normal and spilled it on herself and that caused a blister. Resident #1 said the blister opened up, but staff had been treating it and bandaging it up. Resident #1 said it hurt sometimes but was getting better, and she was now more careful with the coffee. Resident #1 said she had not burned herself with the coffee since and had not noticed it being too hot for her.</p> <p>Interview via telephone on 08/21/24 at 10:28 AM with Resident #1's Responsible Party revealed he lived out of state, but the facility had called him about Resident #1 getting burned by coffee. Resident #1's Responsible Party said he was upset because he was not sure why the facility would serve coffee to a resident that was too hot to cause a burn. He said he wanted to make sure the facility was not going to do that again.</p> <p>Interview on 08/21/24 at 11:20 AM with the Dietary Manager revealed she was prepping the coffee to be served during the lunch meal service. She stated everyone working in the kitchen prepped the coffee for the breakfast and lunch meal services and also kept coffee out in the dining room during the day. She said the temperature the coffee should be served at was between 135-140 degrees Fahrenheit.</p> <p>Interview on 08/21/24 at 11:25 AM with Dietary Aide C revealed she made coffee for the residents' meals and knew not to serve the coffee if it was over 140 degrees Fahrenheit. She said she used ice to cool the coffee down to the right temperature before being served. She said she also logged the served temperature on the coffee temperature log.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/21/24 at 11:27 AM with Dietary Aide D revealed she made coffee for the residents' meals and knew not to serve the coffee if it was over 140 degrees Fahrenheit. She said she used ice to cool the coffee down to the right temperature before being served. She said she also logged the served temperature on the coffee temperature log.</p> <p>Interview on 08/21/24 at 11:29 AM with [NAME] E revealed she made coffee for the residents' meals and knew not to serve the coffee if it was over 140 degrees Fahrenheit. [NAME] E said she used ice to cool the coffee down to the right temperature before being served. [NAME] E said she also logged the served temperature on the coffee temperature log.</p> <p>Interview on 08/21/24 at 11:31 with Dietary Aide F revealed he made coffee for the residents' meals and knew to not serve it if it was over 140 degrees Fahrenheit. He said he used ice to cool the coffee down to the right temperature before being served. He said he also logged the served temperature on the coffee temperature log.</p> <p>Observation on 08/21/24 at 11:33 AM revealed the Dietary Manager prepping coffee after it was done brewing. She poured coffee into a cup and took the temperature of the coffee which read at 170 degrees Fahrenheit. The Dietary Manager then began adding ice to the coffee container and after a few seconds poured an additional cup of coffee. She took the temperature of the coffee which now read at 139 degrees Fahrenheit. Next to the coffee maker was the facility's policy and procedures for serving hot liquids to residents and what to do to lower the temperature of the coffee if it was not at the right temperature of 140 degrees Fahrenheit or less.</p> <p>Follow-up interview on 08/21/24 at 11:34 AM with the Dietary Manager revealed she typically put out porcelain and plastic cups for residents to use to pour their coffee in. She said residents served themselves their own coffee because they liked to be independent. She said there were staff in the dining room to assist a resident in getting coffee if they wanted or needed the help. The Dietary Manager said the facility initiated checking the temperature of the coffee before being served a few months ago because a resident in another facility was burned by hot coffee. She said everyone was in-serviced at that time to ensure they did not serve coffee that was over 140 degrees Fahrenheit. She said she also put up the policies and procedures on how to make the coffee and what temperature it should be served at next the coffee maker, so staff would not forget.</p> <p>Review of the facility's coffee temperature logs for August 2024 reflected staff were logging temperatures between 135 and 140-degrees Fahrenheit for each day and coffee pot served; including the coffee served on 08/09/24.</p> <p>Observation on 08/21/24 at 11:35 AM of the dining room revealed Resident #1 was sitting at a table waiting for her lunch to be served. Resident #1 had a hard re-usable plastic cup that was specifically used for coffee or other hot liquids. The cup had coffee in it in and was placed on the table in front of her. Resident #1 did not have gloves on and there was no steam coming from the cup. Resident #1 said her coffee was warm and tasted good today. Staff were noted to be in the dining room to assist during meals and also for activities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview via telephone on 08/21/24 at 12:51 PM with LVN B revealed residents could only get coffee from the dining room which came from the kitchen. Regarding the incident, LVN B said Resident #1 told her that she spilled coffee on herself earlier in the day, and she now had a blister. LVN B said she assessed Resident #1 and asked if she was having any pain to her wrist and Resident #1 told her she was not in pain. LVN B said she called Resident #1's doctor and got orders to treat the blister with a cream and bandage.</p> <p>Follow-up interview on 08/21/24 at 1:43 PM with the Dietary Manager revealed she only knew that Resident #1 came to the dining room to get her own coffee one morning. She said Resident #1 usually wore thick gloves that prevented her from being able to hold a lot of things with her hands. She said her expectation was that staff checked the temperature of the coffee before being served to residents. The Dietary Manager said she was not sure if the kitchen staff checked the temperature of the coffee before being served that day. She said the purpose of that was to make sure the coffee was not too hot and could burn a resident. The Dietary Manager said all the kitchen staff were in-serviced regarding serving hot liquids to residents after Resident #1 was burned with the hot coffee.</p> <p>Interview on 08/21/24 at 2:52 PM with the Administrator revealed the DON was not at the facility during the investigation. The Administrator said he was not sure how Resident #1 spilled the coffee on herself. The Administrator said Resident #1 told him she spilled the coffee on herself in the morning time and because of her gloves she was wearing the cup slipped. The Administrator said Resident #1 was not in any pain at that time and staff began to call the doctor to get orders to treat her. He said he went to the kitchen and looked at the coffee temperature log from that morning and saw that the temperatures were correct. He said he started his investigation into what happened and also took the temperature of the coffee that was already out being served to residents which was 128 degrees Fahrenheit. The Administrator said the coffee temperature log from that morning showed the coffee was served at 140 degrees Fahrenheit. He said the kitchen staff had already been trained to check the temperature of the coffee prior to being served because of an incident that happened at a different facility. The Administrator said after Resident #1 was burned the facility re-inserviced all kitchen staff on what the temperatures needed to be when being served to a resident. He said the steps and policies were also posted in the kitchen on the wall as well for staff to see in case they forgot. He said he started monitoring the coffee temperature logs after Resident #1 was burned to ensure the kitchen staff were not serving too hot coffee. He said the risk of serving a liquid that was too hot was it could burn a resident. The Administrator said coffee was only served from the kitchen and they were responsible for making the coffee, taking the temperature of the coffee, and ensuring the temperature was not higher than 140 degrees Fahrenheit before being served.</p> <p>Review of an in-service record, dated 08/09/24, and titled Record of Departmental In Service and Meetings reflected the following: Summary/Objectives: Brew coffee until complete take brew temp and ice to bring coffee to 140 degrees screw lid on tight if coffee is below 135 discard and repeat process [sic] signed by 10 dietary staff members.</p> <p>Review of an undated in-service record titled Hot Liquid/Burns reflected 44 facility staff had been in-serviced regarding the facility's hot liquid/food spills policy and procedures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Estates Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Sycamore School Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Review of the facility's undated Guidelines on Serving Coffee in the Nursing Facility policy reflected the following: .2. The standard for coffee service will be 140 degrees .If coffee is served at 140 degrees, it will cool to 136 degrees when dispensed into a room-temperature coffee cup or mug, and per 'Time and Temperature Relationship to Serious Burns' from the American Burn Association website, this temperature will allow approximately 15 seconds before a serious burn will occur, based on the physical condition of the individual person.</p> <p>Review of the facility's Hot Liquid/Food Spills policy, dated 2003, reflected the following: Residents are at risk of having any hot liquid/food spilled on their person causing burns. Examples of hot liquids/food are: coffee, tea, hot soup, oatmeal, or any other hot food or liquid substance .1. Brew coffee in kitchen until brewing process is complete. 2. Add xxx (change the xxx to the amount of ice needed to cool the coffee at your facility)- 8 oz cups of ice to TF server, stir well until ice is dissolved. 3. Take temperature of coffee in TF server, if it is 135-140, then screw on lid tightly and take to dining room to be served. 4. If it is still over 140 degrees, stir until it reaches 140 degrees or less, or add ice, a few cubes at a time, until it reaches 140 degrees or less. Then screw on lid and take to dining room to be served</p>		