

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Trinity Nursing & Rehab of Granbury		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Reunion Court 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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>Based on interview and record review the facility failed to ensure the use of the services of a registered nurse for at least 8 consecutive hours a day, seven days a week for 1 of 1((11/01/2025,11/02/2025, 11/08/2025,11/29/2025, and 11/30/2025) month reviewed for RN coverage.The facility failed to provide evidence that a Registered Nurse (RN) worked 8 consecutive hours a day, seven days a week for 5 of 30 days (11/01/2025,11/02/2025,11/08/2025,11/29/2025, and 11/30/2025).This failure could place residents at risk of not having decisions made, that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring the direct care staff. Findings include:Record review of the facility's RN nursing schedule for the month of November 2025 revealed there was no evidence of 8 hour RN coverage on 11/01/2025,11/02/2025,11/08/2025,11/29/2025, and 11/30/2025. During an interview on 12/05/2025 at 2:15 PM, the DON stated she started working as the interim DON on 9/18/2025. The DON stated she could not cover every shift with RN coverage. The DON stated there was no RN coverage on 11/1, 11/2, 11/8, 11/29 and 11/30. The DON stated her expectation was to have 8-hour RN Coverage daily. The DON stated the ADON was responsible for completing the staffing schedule, and she monitored the schedule. The DON stated she did not think there was a negative effect on residents, because staff had access to her any time, she could be at the facility in timely manner, and the nursing had a group chat with corporate staff. The DON stated what led to the failure was it's hard to hire an RN who would work with the facility's cliental, which were most residents from the penal system and/or sex offenders.During an interview on 12/05/2025 at 3:20 PM, the ADMN stated his first day as the administrator was 11/01/2025. The ADMN stated his expectation was the facility follow the regulations and have 8-hour RN coverage 7 days per week. The ADMN stated the ADON was responsible for making the daily schedule. The AMMN stated the DON was responsible for monitoring the schedule and ensuring there was 8 hours of RN coverage daily. The ADMN stated he and the DON monitored the schedule during their daily staffing meetings and their Friday staffing meeting they discussed the weekend coverage. The AMDN stated the DON worked the weekends to cover but could not work every weekend. The ADMN stated he did not think there was a negative effect on residents. The ADMN stated he felt they had competent nursing staff, and staff had access to the DON, and he had not had any complaints from residents regarding their care. The ADMN stated he did not have a reason for the failure. The ADMN stated the facility did not have a policy, that the facility followed the federal and state regulations.</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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