

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER Heritage House Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 407 N College St Rosebud, TX 76570	
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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 5 (Resident #1) residents reviewed for assistive devices. CNA A operated the Hoyer (mechanical) lift independently while lowering Resident #1 into bed on 3/24/2026. This failure placed residents at risk for accidents and injuries. Findings included: A record review of Resident #1's face sheet dated 3/24/2026 reflected a [AGE] year-old female readmitted on [DATE] with diagnoses of epilepsy (seizure disorder), morbid (severe) obesity, type 2 diabetes (uncontrolled blood sugar), chronic kidney disease, unspecified bone disorder, heart failure, unspecified psychosis, major depressive disorder (depression), and quadriplegia (paralysis from neck down). A record review of Resident #1's MDS assessment dated [DATE] reflected a BIMS score of 15, which indicated little to no cognitive impairment. Section GG (Functional Abilities) reflected that she used a manual wheelchair and was dependent on staff for transitioning from lying to sitting and sitting to lying on the bed. A record review of Resident #1's care plan last reviewed on 2/11/2026 reflected that she required the use of a Hoyer lift for transfers. Interventions included that staff were to ensure that all Hoyer transfers were performed by two staff members. During an observation and interview on 3/24/2026 at 11:54 AM, CNA A was observed standing to the left of Resident #1's bed and she was lowering Resident #1 into bed using the Hoyer lift. After lowering Resident #1 into bed via the Hoyer lift, CNA B walked into Resident #1's room and set a box of gloves on Resident #1's bed. CNA A stated that she knew that two staff members were supposed to operate the Hoyer lift and said she was waiting for CNA B to grab gloves. CNA A stated that they wanted to take care of Resident #1 before trays came out for lunch. Observation revealed that the Hoyer lift in Resident #1's room had a sign that reflected notice: at least 2 staff members must assist during this lift. During an interview on 3/24/2026 at 12:02 PM, CNA B stated that she had just completed incontinent care for Resident #1 with CNA A and that she had been trained to have two staff members for Hoyer transfers. CNA B stated that she stopped to go get larger gloves and she did not know why CNA A operated the Hoyer by herself. CNA B Stated that CNA A usually did not use the Hoyer independently. During an observation and interview on 3/24/2026 at 12:11 PM, Resident #1 was observed in the dining room sitting at a table. Resident #1 stated that it was not too often that only one staff member operated the Hoyer lift and that she did not feel unsafe during Hoyer transfers. During an interview on 3/24/2026 at 12:40 PM, the DON stated that two people were supposed to operate the Hoyer whether it was a CNA, nurse or someone who had been trained. The DON stated that all CNAs had been trained on operating the Hoyer, including CNA A, and that CNA A had worked at the facility for along time. The DON stated, She knows better. The DON stated that injury or death could happen if only one staff member operated the Hoyer lift. During an interview on 3/24/2026 at 2:34 PM, the Administrator stated that he believed the Hoyer brand was European and he was having trouble finding the manual. During an interview on 3/24/2026 at 1:15 PM, the Administrator stated that staff should grab someone else to assist with operating the Hoyer for safe operations. The Administrator stated that CNA A had worked at the facility for over 30 years and she (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>had been trained on operating the Hoyer. The Administrator stated that CNA A should have stopped when CNA B stepped out to get gloves. The Administrator stated that with one person operating the Hoyer, it could become imbalanced with the weight fluctuation and it could tip over and cause residents to be injured. A record review of the facility's undated policy titled Hydraulic Lift reflected the following: Hydraulic Lift The hydraulic lift is a mechanical device used to transfer a resident from and to the bed and chair. It is reserved for those who are paralyzed, obese, or too weak to transfer without complete assistance. The number of staff to provide assistance with the transfer should be determined by the manufacturer recommendations.</p>		