

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Anderson Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Bradburn Rd Grand Saline, TX 75140	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42190</p> <p>Based on observation, interview and record review, the facility failed to ensure resident rooms measured at least 80 square feet per resident in multiple rooms and at least 100 square feet in single resident rooms for 2 of 10 resident rooms (Resident room [ROOM NUMBER] and 311) reviewed for square footage.</p> <p>The facility failed to provide 80 square feet per resident for a room certified for 4 residents and provide 100 square feet for a room certified as a private room.</p> <p>These failures could place residents at risk of not having adequate space to meet their needs.</p> <p>Findings include:</p> <p>During an observation on initial tour on 04/14/2024 at 10:20 AM, it was observed that 2 residents resided in room [ROOM NUMBER] and no residents were residing in room [ROOM NUMBER].</p> <p>During an interview on 04/16/2024 at 2:30 PM, the Administrator said resident rooms [ROOM NUMBERS] still required room waivers. She said room [ROOM NUMBER] was certified for 4 residents and measured 74 square feet per resident and room [ROOM NUMBER] was certified as a private room and measured 81 feet instead of 100 square feet.</p> <p>Record review of a resident roster, dated 04/16/2024, indicated room [ROOM NUMBER] was certified for 4 residents and room [ROOM NUMBER] was certified for 1 resident.</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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