STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675614	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballinger Healthcare and Rehabilitation Center	2001 6th St Ballinger, TX 76821

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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 5 resident (Resident #1) reviewed for accidents, hazards, supervision. CNA A and CNA B improperly transferred Resident #1 by hooking their arms under hers. The failure could place residents who required assistance during transfers at risk for injuries. The findings included:Review of Resident #1's admission Record, dated 4/14/26, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including fracture of the left hip, stroke, dementia with agitation, and osteoporosis. Review of Resident #1's Quarterly MDS Assessment, dated 3/20/26, revealed:She had a BIMS of 1 of 15 (indicating severe cognitive impairment) and showed signs of delirium including inattention and disorganized thinking.She rejected care 1 to 3 days of the previous 7.She was dependent on staff for chair to bed transfers. Review of Resident #1's Care Plan Report, revised 4/8/24, revealed:Focus: Resident had an ADL Self Care Performance Deficit. Resident was mostly substantial to totally dependent [on staff for] ADLS except when eating.Goal: Resident will improve current level of function in (transfers) through the review date.Interventions included: Bed Mobility: require two staff for assistance. Observation on 4/14/26 at 4:35 p.m. revealed CNA A and CNA B assisted Resident #1 to sit at the edge of the bed. CNA B placed the gait belt on Resident #1. CNA A hooked her arms under Resident #1's arms and grabbed her by the seat of her pants. CNA B hooked her arms under Resident #1's and grabbed the back of the gait belt. The CNAs counted to three and completed a pivot transfer with Resident #1. Interview and observation on 4/14/26 at 4:39 p.m. the DOR stated the expectation for a two-person gait belt transfer was to place the gait blet on the resident and have the resident between the two staff. The DOR said staff were to have both hands on the gait belt and help the resident stand up and control where the resident went. The DOR stated he did not like the staff hooking their arms under the resident's arms because it placed a strain on the upper shoulders. The DOR said potential outcomes for this were to stretch the shoulders, skin tears, and bruises. The DOR stated it could hurt the resident including broken bones on the fragile residents. The DOR admitted he worked with Resident #1; he described her as impulsive since she had a stroke two years ago, she had cognitive problems and had sundowners (loss of cognitive ability at the end of the day) very quickly, and fragile since she lost a lot of weight. The DOR stated Resident #1 was able bear weight, stand, transfer, and walk 10 - 15 feet if encouraged but her balance was not good. He said his part of training the staff was usually on a one-on-one basis when the facility identified issues. During the interview, CNA A walked in and returned a gait belt labeled ?therapy'. CNA A said she did not need it and usually transferred a resident by the seat of their pants. The DOR stated transferring a resident by the seat of their pants was not a safe practice because it could cause friction, skin tears, and get very uncomfortable in a hurry. Interview on 4/14/26 at 5:17 p.m. the Administrator was informed of the observation and stated that staff hooking their arms under a resident's arms was not appropriate. Interview on 4/17/26 at 1:17 p.m. CNA B stated she thought the transfer went really well because Resident #1 did not fight them. Initially CNA B denied hooking her arms under Resident #1's arms but (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted she did and said it was not the correct way to transfer a resident. CNA B said she did not know why she hooked her arms under Resident #1's arms. CNA B said sometimes the management staff would check how the aides did care during Champion Rounds, but she did not know if all staff got checked off since CNA A was as-needed. Review of in-service Training in Transfers, Bed mobility, repositioning and pain, dated 3/16/26 revealed:Two-Person Sit Pivot transfer - this is a variation of the sit pivot transfer. Use this transfer when the patient requires the aid of two people. The second person aiding in the transfer will help from behind. The patient will place both feet on the floor, lean forward and scoot. The second person will boost the patient's hip and guide the transfer.The following lifting and transfer procedure is toCNA B attended the Inservice, CNA A did not. Review of the computer transcript of staff completed in-services for the 3 months prior (1/2026 thru 4/13/26)to investigation revealed CNA A took the computer class on fall prevention on 2/24/26. Review of the facility's policy and procedure on Moving a Resident Bed to chair/Chair to bed, undated, revealed:Purpose: the purpose of this procedure are to allow the residents to be out of his or her bed as much as possible and to provide for safe transferring of the resident.Steps in the procedure:Note: this procedure may require two (2) persons.Position a gait belt around the resident's waist and clasp it. Make sure it is tight enough that only a slight hand movement will guide the patient, but not so tight that you cannot firmly grasp the belt without making the patient uncomfortable.If the patient requires, two persons (one on each side) should grasp the gait belt and gently stand and turn the resident and sit him or her in the chair.