

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER Bronte Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 S State St Bronte, TX 76933	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</p> <p>Based on observation, interview, and record review, it was determined the facility failed to accurately assess a resident for risk of entrapment from bed rails, prior to use for one (Resident #1) of 4 sampled residents.</p> <p>Resident #1 had quarter bed rails in use, when there was no side rail assessment completed.</p> <p>This failure had the potential to cause injury to a resident for improper use of bed rails.</p> <p>Findings included:</p> <p>Review of an Admission Record for Resident #1 dated 3/6/24 reflected he was an [AGE] year-old male, admitted to the facility on [DATE] with diagnoses including encounter for surgical aftercare following surgery on the digestive system, anemia, muscle weakness, and unsteadiness on feet.</p> <p>Review of an annual MDS assessment for Resident #1 dated 2/27/24 reflected, the assessment indicated there were no bedrails in use. Resident #1 required 1-2 staff assistance for ADL 's</p> <p>Review of Resident #1 Care Plan dated 2/27/24 reflected, nothing regarding bedrails in care plan.</p> <p>During an observation on 3/13/24 at 9:45 AM revealed Resident #1's bed contained quarter bedrails to upper bed. Resident #1 no longer at facility.</p> <p>During an interview on 3/13/24 at 11:15 AM the DON stated if a resident or family member requested side rails on the bed, the first thing that must be completed was an PT evaluation to know if it was safe for Resident #1 and what the side rail would be used for. She stated the second process based on the PT evaluation was to contact the physician and let him know of the evaluation and to get a physician order. She stated however, none of that was done for Resident #1 who was in a bed with side rails. She stated the side rail assessment should have been done but when the family member requested to have Resident #1 moved to the bed with side rails, she should have done the PT evaluation before moving Resident #1, but none of the process for Resident #1 to have a bed with bed rails occurred.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's profile dated 3/13/24 indicated no PT evaluations were completed and Physician A was not contacted.</p> <p>During an interview on 3/13/24 at 12:25 PM the DPT stated normally if a family member or resident requested side rails it was to the nursing staff. She stated when she would get a request from the ADON or DON to do the Side Rail Utilization Assessment for the resident. She stated that she never received a request from any of the nursing staff to do an assessment for Resident #1.</p> <p>During a phone interview on 3/13/24 at 1:25 PM Physician A stated that he never received any request from the facility regarding bed rail orders for Resident #1.</p> <p>Record review of facilities policy dated December 2016, titled: Proper use of side rails indicated:</p> <p>3. An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:</p> <ul style="list-style-type: none"> a. bed mobility b. ability to change positions, transfer to and from bed or chair, and to stand and toilet. c. risk of entrapment from the use of side rails: and d. that the bed's dimensions are appropriate for the resident's size and weight. 		