

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675790	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2023
NAME OF PROVIDER OR SUPPLIER  Garland Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  321 N Shiloh Rd Garland, TX 75042	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42971</b></p> <p>Based on observation, record review and interview the facility failed to ensure that a resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for one (Resident #2) of seven residents reviewed for pressure ulcers.</p> <p>The facility failed to reposition Resident #2 every 2 hours. Resident #2 had a pressure ulcer to his buttocks.</p> <p>This failure placed residents at risk for development and worsening of the pressure ulcers.</p> <p>The findings included:</p> <p>Record review of Resident #2's Quarterly MDS dated [DATE] revealed a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included pressure ulcer on the sacrum, hemiplegia (paralysis of one side of the body), and tracheostomy status (a procedure to help air and oxygen reach the lungs by creating an opening into the trachea (windpipe) form outside the neck). Resident #2's BIMS score not assessed. He required extensive two person assist with bed mobility.</p> <p>Record review of Resident #2's physician orders dated 12/27/2023 revealed the following orders:</p> <p>Clean with normal saline/wound cleanser, apply calcium alginate to wound bed, cover with superabsorbent silicone border dressing, apply barrier cream to peri wound.</p> <p>Record review of Resident #2's wound evaluation and management summary dated 12/27/2023 reflected the following diagnosis: Stage 4 pressure wound sacrum full thickness. The summary also reflected that the wound was improved.</p> <p>Record review of Resident #2's Care plan dated 2/13/2023 revealed the following care plan:</p> <p>Problem - Resident #2 is bedfast as evidenced by hemiplegia following cerebral infarction affecting left side. Approach: turn and reposition resident every 2 hours .</p> <p>Observations of Resident #2 on 12/27/2023 revealed the following:</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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NAME OF PROVIDER OR SUPPLIER  Garland Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  321 N Shiloh Rd Garland, TX 75042	
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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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 10:00 AM Resident#2 lying on his back, in his bed.</p> <p>- 12:05 PM Resident#2 lying on his back, in his bed.</p> <p>- 2:07 PM Resident#2 lying on his back, in his bed.</p> <p>In an interview on 12/27/2023 at 2:04 PM, CNA C stated Resident#2 had a trach, nurse was responsible to reposition the resident.</p> <p>In an interview on 12/27/2023 at 2:10 PM, LVN B stated Resident#2 was supposed to be turned every 2 hours because he had a pressure ulcer to his sacrum, and he was at risk for skin break down. She stated it was my responsibility to do my round and turn the resident. She stated Resident #2 had a trach; the nurses were responsible to reposition him with the help of CNA. She stated today she was very busy on the floor. LVN B stated the risk would be worsening of the wound.</p> <p>Interview on 12/27/2023 at 5:03 PM, the DON stated Resident #2 needed to be repositioned every 2 hours. The DON stated the nurse was responsible to reposition Resident #2 with the help of the CNA, because Resident #2 had a trach. The DON stated she would do frequent round to monitor and check on the residents. The DON stated the risk could be skin break down and if they have a wound, it could cause worsening of the wound.</p> <p>On 12/27/2023 at 5:03 PM, policy was requested from the DON. The facility did not submit a policy at the date and time of exit.</p>		