

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 11/13/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that each resident received adequate supervision and assistance devices to prevent accidents which resulted in sustained bleeding to the brain, a bruise to the scalp, and a bruising to the hands for 1 (Resident #1) of 4 residents reviewed for accidents. On 11/07/2025 Certified Nurse Aide (CNA) A attempted to perform a 1-person transfer, with a sliding board, on Resident #1 who required a 2-person transfer with a Hoyer (Mechanical lifting device to help workers transfer patients) lift for nursing staff. CNA A failed to request assistance from another staff member and was unable to complete the transfer successfully. Resident #1 fell on the floor and hit her head. Resident #1 was sent to the hospital where it was discovered that she had a traumatic brain hemorrhage. CNA A was not trained to use a sliding board for Resident #1. This was determined to be past non-compliance immediate jeopardy from 11/07/2025 to 11/11/2025 due to the facility having implemented actions that corrected the non-compliance prior to the beginning of the survey. This failure could place residents who require a 2-person transfer, with or without a mechanical lift, at risk of injury, hospitalization, and death. The findings included: Review of the Care Plan dated 3/18/2025 revealed Resident #1 was an [AGE] year-old female admitted on [DATE]. The care plan reflected Resident #1 required assistance of 2 staff members by Hoyer lift during transfers. Resident #1 had a fear of falling from the mechanical lift and preferred a two-person transfer if safe. Resident #1 had Parkinsons Disease and was at risk for injury from increased tremors and involuntary muscle movements; tremors in the right upper extremity; neurological Aphasia (disorder that damages the brains' ability to perform language communication skills), Cerebrovascular Accident/Transient Ischemic Attack (Stroke), Non-Alzheimer's Dementia (Memory impairment for daily activities), Hemiplegia (weakness to one side of the body), Parkinsons Disease (degenerative disorder that affects movement). Resident #1 had a witnessed fall on 11/7/2025 with a serious injury of the left temporal subarachnoid hemorrhage, left frontal scalp hematoma (bruise or collection of blood). Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 had a Brief Interview of Mental Status (BIMS) of 14 indicating intact cognitive function. Resident #1 had functional abilities of 3 indicating Partial/moderate assistance for sit to lying, lying to sitting on side of bed, chair/bed to chair transfer. Record Review of the Inservice for Appropriate Transfer for all residents dated 11/11/2025. Revealed 33 Care staff check for all resident transfers. Demonstrations were given and staff returned demonstrations. Record Review of the Inservice for Abuse and Neglect dated 11/11/2025. Revealed 43 Care staff check for Abuse and Neglect training. Record Review of the Inservice for Gait Belts and Transfers for all residents dated 11/13/2025. Revealed 30 Care staff check for Gait Belts and Transfers. Record Review of the Inservice for Liftin Machine Using a Mechanical dated 11/13/2025. Revealed 29 Care Staff check for Mechanical Lift Competency. Record Review of the Inservice for Use of Sliding Board Transfers dated 11/12/2025. Revealed 10 Therapy Staff check off for not leaving sliding boards in resident rooms unattended. Review of the Employee Statement from RN D dated 11/11/2025 revealed that she was notified by a CNA C that Resident #1 had a fall. Resident #1 was on the floor. She stated that she went to the room as soon as possible and saw Resident #1 on the ground in a sitting position in front of her bed. She asked Resident #1 what happened and was informed that CNA A was transferring Resident #1 to the bed with a sliding board. She stated that Resident #1 had fallen and hit her head on the floor. Upon assessment the resident was noted to have a hematoma to the left side of her head and bruises to both of her hands. Review of the incident report dated 11/07/2025 by RN D revealed a witnessed incident. Resident #1 was oriented. Bruising was noted to Resident #1's right hand, left hand, face, and a hematoma on top of scalp. Documented the incident occurred during a transfer. Notifications were made to the physician and family member at 4:00 PM. Review of the Employee Statement from CNA C, not dated, revealed that he was working on 11/07/2025. He stated he was walking in the hall and happened to be walking by Resident #1's room at the time of the incident. He stated that he saw CNA A attempting to transfer Resident #1. He stated that he heard the sound of the fall, and he went back to the room to see what had happened. He stated he saw Resident #1 on the floor. He stated he went to notify the charge nurse immediately. Review of the Hospital Report dated 11/07/2025 revealed Resident #1 was sent to the hospital on [DATE] at 4:27 PM. Resident #1 was an [AGE] year-old female with past medical history of hypertension (high blood pressure) and left sided deficits from a prior stroke. Resident #1 presented to the emergency department for evaluation of a fall with a head strike</p>		