

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675887 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/17/2024 |
| NAME OF PROVIDER OR SUPPLIER St Joseph Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Manor Dr Bryan, TX 77802 | |

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on interviews, and record review, the facility failed to report incidents of injury of unknown sources to HHSC's state office within 24 hours for 1 (Resident #1) of 3 residents reviewed for unwitnessed falls.</p> <p>The facility failed to report allegations to the State Agency when Resident #1 had an unwitnessed fall and was sent out to a local hospital.</p> <p>This failure placed residents at risk of further injuries not being reported timely for a thorough prompt investigation to be conducted immediately.</p> <p>Findings Included:</p> <p>Review of Resident #1's face sheet dated 05/16/2024 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including displaced intertrochanteric fracture of left femur subsequent encounter for closed fracture with routine healing(broken hip), dementia in other diseases classified elsewhere(memory loss), and hypertension(high blood pressure).</p> <p>Review of Resident #1's care plan was not available as the incident occurred less than 48 hours after admission.</p> <p>Review of Resident #1's MDS assessment was not available as the incident occurred less than 72 hours after admission.</p> <p>Review of Resident #1's incident report, dated 05/15/2024 at 7:23 PM and documented by RN A , reflected the following:</p> <p>Nursing Description</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675887 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/17/2024 |
| NAME OF PROVIDER OR SUPPLIER St Joseph Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Manor Dr Bryan, TX 77802 | |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Patient was found on the floor with blood on the side of his head and on his arms. Patient was unable to tell what happened. The last time he was checked by the Aide was at 4:45 AM and patient was asleep in bed. He had slept all night without any difficulties. I had just come from upstairs to deliver medications and the lab tech met me and stated that patient was on the floor and that there was blood everywhere. I went into the room and assessed patient and applied pressure to the bleeding area on head. Patient was able to move all his extremities and the only thing he said that he could not get up. Patient was log rolled onto a blanket and pillow placed behind his head. EMS was called and staff helped EMS lift patient onto stretcher. His RP was notified of what happened.</p> <p>Resident Description</p> <p>Patient confused and only thing that he had said was that he could not get up. I reassured him that we would get him up but that I needed to assess him and make sure there were no other areas bleeding as I had been holding pressure to the wound on his head. Patient the whole time was calm. The bleeding had stopped by the time EMS arrived.</p> <p>Review of hospital records dated 05/15/2024 reflected [AGE] year-old male was discharged to the nursing facility on 05/14/2024 for a ground-level fall with a left hip fracture status post open reduction internal fixation. Patient had an unwitnessed fall this morning. Unknown loss of consciousness. Sustained a complex scalp laceration with active arterial bleeding .</p> <p>During an interview on 05/17/2024 at 12:10 PM, the MDS Nurse stated Resident # 1 was in the facility less than 24 hours when the incident had occurred. Resident # 1 was admitted on [DATE] at 8:26 PM and the assessments had been started. The baseline care plan is to be completed in 48 hours and the MDS assessment in 72 hours. Resident # 1 was found on the floor in his room around 5:45 AM on 05/15/2024.</p> <p>During an interview on 05/17/2024 at 5:56 PM, the Administrator stated that corporate made a decision for him to self-report the incident on 5/16/2024. The Administrator stated RN A contacted him on 5/15/2024 at 7:14 AM and notified him of the incident and a report was made to corporate. The Administrator stated when facility incidents occur corporate makes the determination if it is reportable to the state and corporate contacted him by text message on 5/16/2024 to self-report to the state . The administrator stated the policy is to report unwitnessed falls with injuries within 24 hours, but he was waiting on the corporate to determine if the incident was a state reportable.</p> <p>During an interview on 05/17/2024 at 6:20 PM, the Corporate Nurse Stated that injury of unknown origin is a state reportable. The Corporate Nurse stated she was not made aware of Resident #1's fall on 05/15/2024. The Corporate Nurse stated she did not know until 5/16/2024 and that was when she stated to make the report to the state. The Corporate Nurse stated incidents to the state are to be reported within 24 hours. The corporate Nurse stated any unwitnessed fall with injury is reportable to the state and she was unable to give a reason why she was not notified when the incident occurred on 5/15/2024.</p> <p>Review of the facility's compliance with reporting allegations of abuse, neglect, and exploitation policy undated, reflected the following:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675887 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/17/2024 |
| NAME OF PROVIDER OR SUPPLIER St Joseph Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Manor Dr Bryan, TX 77802 | |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>It is the policy of this facility to report all allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes.</p> <p>Reporting/Response</p> <p>The Administrator or designee will notify the appropriate agencies immediately as soon as possible, but no later than 24 hours after discovery of the incident .</p> | | |