

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Benbrook Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 McKinley St Benbrook, TX 76126	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43843</p> <p>Based on observations, interviews, and record review, the facility failed to ensure resident rooms were adequately equipped to allow residents to call for staff assistance through a communication system which relayed the call directly to a staff member or to a centralized staff work area for one (Resident #1) of 3 residents reviewed for resident call system.</p> <p>The facility failed to ensure Resident # 1's call light system (in room system, outside the resident door, and nurse station) was working properly.</p> <p>This failure could place resident at risk for delay in assistance and decreased quality of life, self-worth, and dignity.</p> <p>Findings included:</p> <p>Record Review of Resident #1's Admission Record revealed a [AGE] year-old male admitted to the facility on [DATE] with a primary diagnosis of spondylosis without myelopathy or radiculopathy (degenerative changes in the spine with conditions that involve compression or irritation of the spinal cord or spinal nerves).</p> <p>Record Review of Resident #1's Care Plan dated 09/19/2024 revealed resident focused area: the resident had an ADL self-care performance deficit r/t. Goal: The resident would maintain current level of function in all ADL's. Interventions: GG Functional limitation in ROM. Mobility: Roll left and right - (4-Supervision/touching assistance), sit to lying- (4-Supervision/touching assistance), lying to sitting on side of bed; (4-Supervision/touching assistance); and sit to stand; (4-supervision/touching assistance).;</p> <p>Observation and interview on 12/05/2024 at 11:52 AM with Resident #1 revealed he was lying in bed. He stated his call light did not work but his roommate's light was working properly. He stated that he was not sure of how long his call light had not worked but it was more than a week. He pushed the red button, the in-room light did not activate, the light outside his room did not light up, and the light at the nursing station did not signal or light up .</p> <p>Observation and interview on 12/05/2024 at 12:07 PM with LVN A revealed she acknowledged when Resident #1 pushed the button on his bedside call light; the red light in the room did not light up, the outside call light did not light up, and the call light system at the nurse's station did not signal and light up.</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 12/05/2024 at 3:03 PM with LVN A revealed the call light was supposed to make a sound and light up in the room, hallway, and nursing station. The purpose of the call light was to prevent the risk of the resident falling and to provide help to the resident. She stated that if she was aware that the call light did not work, she would alert the maintenance department, and document it in the logbook.</p> <p>Interview on 12/05/2024 at 3:10 PM with the Maintenance Director revealed the call light system was checked daily to make sure it was working properly. He stated that sometimes the call light would not activate if it was not plugged in properly. He stated that he could not remember which staff member checked Resident #1's call light on 12/05/2024. The reason for the call light was to help a person when they needed help. The risk depended on the resident and their level of need.</p> <p>Interview on 12/05/2024 at 3:58 PM with the Administrator revealed the maintenance log was checked weekly to ensure the call light system was working properly. The call light was used for the residents to signal that a resident needed help .</p> <p>Record review of the facility policy dated September, 2022 reflected The resident call system is routinely maintained and tested by the maintenance department.</p>