

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 01/28/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44894</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for 1 of 4 residents reviewed for ADLs. (Resident # 1).</p> <p>The facility failed to ensure staff provided Resident #1 with timely incontinence care before he ended up with feces on his hands, fingers, and hip.</p> <p>This failure could place residents who need assistance from staff for toileting at risk for embarrassment, rashes, infections, discomfort, and skin break down.</p> <p>Findings included:</p> <p>Record review of a face sheet dated 01/28/2025 indicated Resident #1 was [AGE] years old, readmitted to facility on 05/31/2024 with an initial admission on 02/27/2024. Resident #1 resides on the Memory Care Unit. Resident's diagnoses included Unspecified Dementia severe, with other behavioral disturbance (patient who exhibits significant behavioral issues beyond the typical cognitive decline, such as agitation, aggression, wandering, or social disinhibition); Chronic Lymphocytic Leukemia of B-Cell Type not having achieved remission (a type of blood cancer where the abnormal B-cells continue to multiply and accumulate in the body); Essential (Primary) Hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] revealed his BIMS score was 09/15 with memory being moderately impaired with decisions poor, cues, and supervision required. Resident #1's MDS indicated resident was understood and he usually understood others. Quarterly MDS revealed resident required supervision to touching assistance for toileting and personal hygiene and required partial to moderate assistance for dressing, and bathing. Quarterly MDS indicated that Resident #1 was continent of bowel and bladder.</p> <p>Record review of a care plan dated 02/28/2024 and revised 04/16/2024 indicated Resident #1 had a self-care performance deficit r/t Neurocognitive Disorder and muscle wasting. The interventions included resident able to</p> <p>complete tasks with supervision and set up r/t bathing and showing; r/t personal hygiene and oral care.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist the resident to choose simple comfortable clothing that enhances the resident's ability to dress self r/t dressing. The resident can toilet with supervision r/t toileting. The resident requires skin inspection per facility protocol. Observe for redness, open areas, scratches, cuts, bruises, and report changes to the nurse r/t skin inspection.</p> <p>In an observation and interview on 01/28/2025 with LVN A at 11:50 AM revealed she was not aware of the soiled with bm. Resident #1 was in. Observed LVN A entering Resident #1's room and called out to resident who was sleeping. Resident #1 woke up and looked at LVN A. Heard LVN A state, Oh, no he has been digging. LVN A noticed resident had bm all over his hands, fingers, and under his nails. LVN A said she would clean him up right then. LVN A revealed that resident will usually go to the restroom and change his clothes when he is soiled. LVN A revealed that staff check residents every 2 hours. Observed that Resident #1 was not upset or concerned with his soiled condition when LVN A made him aware.</p> <p>In an interview on 01/28/2025 with CNA B at 3:30 pm revealed that the facility policy is to check the residents every two hours and as needed while caring for them. CNA B works on the Memory Care Unit 2:00 pm to 10:00 pm and was caring for Resident #1 on his shift. CNA B revealed that Resident #1 normally is continent and will go into the bathroom and change his own clothes if he soils them. Resident #1 was waiting for his shower from CNA B and was anxious to be provided care. CNA B revealed that if a resident is not changed in a timely manner, they could develop skin breakdown.</p> <p>In an interview on 01/28/2025 at 5:00 pm with the ADM and DON revealed that Resident #1 was found at 11:50 am with bm on his hands, fingers, fingernails, and left hip. Resident #1 was sleeping in his bed. Resident #1 had not been provided personal hygiene care by the staff. LVN A provided the personal hygiene care to Resident #1.</p> <p>Review of the facility policy titled, Activities of Daily Living (ADL), Supporting revised March 2018, revealed under the documentation section Policy Statement, Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p>		