

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 04/24/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48177</p> <p>Based on observations, interviews, and record reviews the facility failed to In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are complete, accurately documented, readily accessible and systematically organized for 1 of 5 residents (Resident #1) reviewed for shower documentation.</p> <p>The facility failed to ensure documentation reflected Resident #1 received showers as scheduled and desired.</p> <p>This failure affected residents by placing them at risk for discomfort, diminished self-esteem, and decreased quality of life.</p> <p>Findings Included:</p> <p>Record review of Resident #1's Face Sheet dated 4-24-2025 revealed a [AGE] year-old female who admitted to the facility on [DATE]. Resident #1 had a primary diagnosis of Sequelae (a condition which is the consequence of a previous disease or injury) following nontraumatic subarachnoid hemorrhage (bleeding into the space between the brain and the thin tissues that cover it causing long-term or permanent neurological, cognitive, or physical consequences) and secondary diagnoses of anxiety disorder, unspecified dementia (a decline in mental ability severe enough to interfere with daily life), Hypokalemia (abnormally low levels of potassium in the blood), and lack of coordination.</p> <p>Record review of Resident #1's Nursing Home PPS (NP) Item set (this is the initial 5-day assessment used to bill for Medicare Part A) MDS assessment dated [DATE] revealed a BIMS Score of 7 indicating severe cognitive impairment. Resident #1's Functional Abilities of the MDS indicated Resident #1 needed partial assistance (where the helper does less than half the effort. Helper lifts, holds, or supports the trunk or limbs in bathing or showering).</p> <p>Record review of the facility's shower log on 4-24-2025 at 3:00 PM, indicated no shower sheets were filled out for Resident #1 from 4-3-2025 through 4-11-2025 (a 9-day period) and from 4-13-2025 through 4-15-2025 (a 3-day period). Record review of the facility's electronic medical record bathing log corroborated this finding. There were also no indications in the shower log or electronic medical record that Resident #1 ever refused a shower.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the DON on 4-24-2025 at 10:30 AM she disclosed the facility keeps track of resident's showers by keeping shower sheets in on large binder for the entire facility.</p> <p>In an observation and interview on 4-24-2025 at 11:00 AM, revealed Resident #1, whose room was an even-numbered room, in which showers were provided on Mondays, Wednesdays, and Fridays, appeared clean, and stated she was getting her showers.</p> <p>In an interview on 4-24-2025 at 1:15 PM, CNA A stated she gives showers to the residents. CNA A said the facility keeps track of who gets showered on shower sheets, in the shower log, and it is kept in a binder. CNA A said if someone refuses a shower, they log it in the shower logbook on a shower sheet. CNA A stated the odd number rooms get showered on Tuesday, Thursday, and Saturday while the even number rooms get showed on Monday, Wednesday, and Friday. CNA A stated she makes rounds to ensure everyone gets a shower who is scheduled for one.</p> <p>In an interview with the DON on 4-24-2025 at 4:00 PM it was conveyed that the DON's expectation was that every resident room be set for shower days having the odd number of rooms be offered a shower every Tuesday, Thursday, and Saturday and the even number rooms be offered a shower every Monday, Wednesday, and Friday. The DON said the potential harm to a resident not getting showered, in a 9-day period, was that it could cause hygiene issues.</p> <p>In an interview with the Administrator on 4-24-2025 at 5:00 PM it was revealed that his expectation was that each resident get showered 3 times a week at a minimum and if they want more showers to tell the staff so the staff can give them more showers. The Administrator stated if a resident refuses a shower, he expected it to be logged on a shower sheet and put in the shower logbook. The Administrator said the risk for a resident not receiving a shower in a 9-day period was resident hygiene.</p> <p>In an interview with the Administrator on 4-29-2025 at 1:22 PM it was revealed that the facility had a shower/bathing policy, and the Administrator was asked for the policy. However, the shower/bathing policy was never received.</p>		