

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 03/18/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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>**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 to prevent accidents for one resident (Resident #1) of eight residents observed for supervision. The facility failed to ensure Resident #1, who required 2 staff members for transfers by a mechanical lift, was not transferred by 1 staff member. This failure could place residents at risk of being in an unsafe environment and at risk of accidents and/or injury. Based on observation, interview, and record review, the facility failed to ensure that each resident received adequate supervision to prevent accidents for one resident (Resident #1) of eight residents observed for supervision. The facility failed to ensure Resident #1, who required 2 staff members for transfers by a mechanical lift, was not transferred by 1 staff member. This failure could place residents at risk of being in an unsafe environment and at risk of accidents and/or injury. Findings included: Record review of Resident #1's face sheet, dated 3-18-2026, indicated he was a [AGE] year-old male, who admitted to the facility on [DATE], with a primary diagnosis of cerebral infarction (stroke) and secondary diagnoses of bipolar disorder (a chronic mental health condition characterized by severe, abnormal shifts in mood, energy, and activity levels, ranging from extreme highs [mania or hypomania] to intense lows [depression], encephalopathy (any disease, damage, or dysfunction that alters brain function), cognitive social or emotional deficit following cerebral infarction (impairments like memory loss, anxiety, depression, apathy, and impaired social cognition), and hemiplegia and hemiparesis following cerebral infarction (motor deficits caused by unilateral brain damage from cerebral infarction, resulting in dysfunction on the opposite side of the body). Record review Resident #1's Interim Payment MDS Assessment, dated 3-13-2026, revealed Resident #1 had a BIMS score of 13 which indicated he was cognitively intact. Section GG - Functional Abilities revealed Resident #1 was totally dependent on staff for sitting to lying in bed, lying in bed to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, and toilet transfer requiring 2 or more staff. Resident #1 could not walk 10 feet. Record review of Resident #1's care plan, dated 3-5-2026 stated he was at high risk for falls, had an actual fall on 3-4-2026, and 3-5-2026 with discoloration to his left hand. In an observation on 3-18-2026 at 11:50 AM, CNA A was observed using a mechanical lift alone, transferring Resident #1 from a wheelchair onto his bed. The Administrator was informed of the activity and said he was observing the activity to ensure safety. In an interview on 3-18-2026 at 12:00 PM, Resident #1 said it did not bother him that only one staff member used a mechanical lift to transfer him from his wheelchair to his bed. Resident #1 did not say how often he was mechanically lifted with only one staff member. In an interview, on 3-18-2026 at 12:10 PM, CNA A said she had worked at the facility for 2.5 months, worked the 6:00 AM-2:00 PM shift, and was a licensed CNA. CNA A said she had been properly trained in the use of mechanical lifts and knew mechanical lifts required 2 staff members. CNA A said the reason 2 people should use a mechanical lift was because of safety issues. CNA A said the reason she transferred Resident #1, with a mechanical lift alone, was because Resident #1 would get mad if she did not do things the way he wanted. CNA A said she heard Resident #1 yelling from the hallway, so she went into his room to help him. CNA A said Resident #1 wanted to use the (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: 675906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>toilet, but it was unsafe to allow Resident #1 to use the toilet because he was paralyzed in part of his body. Resident #1 then told CNA A he wanted to be transferred into his bed. CNA A said there were no other staff available to assist with the transfer, so she transferred Resident #1 alone. In an interview on 3-18-2026 at 1:45 PM, LVN B said she had worked at the facility for 3 years and worked the 6:00 AM-2:00 PM shift today. LVN B said staff members were not supposed to use mechanical lifts alone because the lift could tip over and cause an injury to residents. LVN B said CNA A could have come to her for help and she would have assisted her. LVN B said the charge nurse on duty, was responsible for ensuring CNA staff were using the mechanical lifts properly. LVN B said she was unaware that CNA A was using a mechanical lift alone. LVN B said it was an industry standard that mechanical lifts have at least 2 people when transferring a resident. In an interview, on 3-18-2026 at 7:40 PM, the Administrator said his expectations were that staff use a mechanical lift with 2 or more people. The Administrator said the management staff, nurses, and all direct care staff were responsible for ensuring mechanical lifts were used properly. The Administrator said if a mechanical lift was used by only one person the risk to a resident could be injury. Record review of the facility's undated policy titled Lifting Machine, using a Mechanical Level II stated: PurposeThe purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions.General Guidelines1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.</p>		