

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the appropriate information was communicated and follow a written policy on immediate discharge of Resident #1 reviewed for discharge processes. The facility failed to ensure resident was sufficiently prepared and oriented to ensure safe and orderly transfer or discharge from the facility. This failure could place the residents in an unsafe discharge. Findings Included: Record review of Resident #1's MDS Quarterly Set assessment dated [DATE] revealed a [AGE] year-old female admitted to the facility on [DATE] with a BIMS score of 13 (cognitive function is intact). Primary active diagnoses included medically complex conditions; Coronary artery Disease (a common heart problem caused by plaque buildup), Heart failure, Hypertension (a common condition where the force of blood pushing against your artery walls is consistently too high), diabetes mellitus, seizure disorder, anxiety disorder, depression, bipolar disorder, post traumatic stress disorder and chronic pulmonary disease (condition that affects the airways, lung tissue, or blood vessels in the lungs, making it hard to breathe). Section E- Behavior reflected no physical, verbal, or other behavioral symptoms directed towards others. Record Review of Resident #1's discharge MDS assessment dated [DATE] revealed an unplanned discharge on [DATE] to the home/ community. Record review of Resident #1's care plan revealed Focus - Resident #1 was a smoker; date initiated: 03/16/2026; interventions included: instruct resident about smoking risks and hazards and about smoking cessations aids that are available. Instruct residents about the facility policy on smoking: locations, times, safety concerns. Focus- resident has a behavior problem r/t BIPOLAR DISORDER- Resident #1 tends to make irrational untrue statements, and calls staff conartist when she does not get her way as desired, False accusations against staff (06/27/2026). Interventions- Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes. Record review of Resident #1's Smoking assessment dated [DATE] revealed 8. Does resident need facility to store lighter and cigarettes -No. Notes on safety from IDTC- Resident #1 met criteria for safe smoker. Record review of Resident #1's notice of involuntary Transfer or discharge and opportunity for appeal dated 06/23/2026 revealed Date of notice 06/23/2026- Effective date of transfer or discharge 07/23/2026. Reason for Discharge- the safety of individuals in this facility was endangered, as document in clinical record. Location to which Resident #1 would be discharged : community shelter. Record review of Resident #1's EMR progress notes dated 06/28/2026 revealed Resident #1 stated multiple staff members came into her room at night and beat her up by punching her stomach, then walked away. The resident refused the nurse to perform any kind of assessment on her. Police department called and abuse coordinator made aware. Record review of Resident #1's EMR progress notes dated 06/30/2026 revealed Resident #1's discharge planning needs were (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 675906	Facility ID: 675906 If continuation sheet Page 1 of 3

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