

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2025
NAME OF PROVIDER OR SUPPLIER  Azle Manor Health Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  721 Dunaway LN Azle, TX 76020	

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 0689  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2025
NAME OF PROVIDER OR SUPPLIER  Azle Manor Health Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  721 Dunaway LN Azle, TX 76020	
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 0689  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure that each resident received adequate supervision to prevent accidents for one (Resident #1) of 2 residents reviewed for supervision. The facility failed to use an assistive device to reposition Resident #1 when on date 06/18/2025 CNA A and CNA B lifted resident by way of underarms instead of using a mechanical lift or gait belt when Resident #1 sustained an injury and was sent to the hospital. The noncompliance was identified as PNC. The PNC began on 06/18/2025 and ended on 07/17/2025. The facility had corrected the noncompliance before the investigation began. This failure could place residents requiring reposition assistance at risk for injury and accidents with potential for more than minimal harm. The findings included: Record Review of Resident #1's admission Record undated revealed; Resident #1 was a [AGE] year-old female initial admission date 12/23/2022 with the following diagnosis: OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING, ACUTE CYSTITIS WITHOUT HEMATURIA, CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF Diagnosis 3 LEFT MIDDLE CEREBRAL ARTERY. UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE. Record review of Resident #1's Care Plan dated 06/11/2025 revealed the following: Focus: risk for pain and have complaints of back pain; 06/19/25 c/o right arm pain; Interventions: administer tramadol as ordered, preferred pain level/rating 4. Focus: ADL care; Interventions, Transfer: Resident #1 required Mechanical Lift with (2) staff assistance for transfers; provided full assist as indicated and notify nursing of changes noted. Focus: Resident #1 diagnosed with osteoarthritis. Interventions -Document any noted s/s of pain from osteoarthritis and notify physician. Record Review of Resident #1's MDS dated [DATE] revealed; Resident #1 had a BIMS score of 10 (moderate cognitive impairment). Section G Functional Status: Transfer Extensive assistance - resident involved in activity, staff provide weight-bearing support. Two+ person physical assist. Record review of Medication Administration Record dated June 2025 revealed; Cyclobenzaprine HCl Oral Tablet 5MG at 2128 (09:28 PM) and Actaminophen Tablet by mouth every 6 hours as needed for pain related to other chronic pain. MAR reveals Resident #1 received acetaminophen on 06/18/2025; Temperature 97.5, Pain level 4, time 2128 (9:28 PM). Record Review of Change in Condition Evaluation dated 06/19/2025 revealed; Signs and Symptoms; Pain (uncontrolled). What time did it start; Morning. B7 Pain Status Evaluation: Pain Rate: 8. Record Review of Hospital After Visit Summary dated 06/23/2025 revealed; Resident #1 was admitted to the hospital on [DATE], and discharged on: June 23, 2025. Physician discharge instructions; Non weightbearing right upper extremity, Keep it in the sling all the time and Outpatient follow-up with orthopedic surgery within 1 weeks' time. Record Review of facility Progress Note dated June 19, 2025 revealed; chief complaint/reason for visit: asked to see Resident #1 regarding right arm pain. This is a [AGE] year old with a history of HTN, DM. Resident #1 was seen laying in bed guarding her right arm. Resident #1 was unable to verbalize what part of her arm was hurting. Resident #1 was unable to state how or when the arm started hurting. Resident #1 was in visible pain with minimal movement. Will transfer to ER for further evaluation. Right arm pain: will transfer to ER for further evaluation Resident #1 is in too much pain to perform effective evaluation. Record Review of Medical Director dated July 1, 2025 revealed; Reason for this visit; asked to see Resident #1 regarding right arm pain. Resident #1 returned from hospital on 6/23 after being diagnosed with UTI treated with 5 day course of merrem iv (is indicated for the treatment of complicated skin and skin structure infections due to Staphylococcus aureus), Resident #1 also diagnosed with right proximal humerus fracture (a break in the upper part of the humerus, the bone in your upper arm, specifically on the right side near the shoulder joint), ortho recommended non-surgical mgt with sling, with out pt ortho follow up. Resident #1 had Robaxin (also known by its generic name methocarbamol, is a muscle relaxer used to alleviate discomfort associated with various musculoskeletal conditions.) added and continued scheduled until Resident #1 is NWB to right upper extremity. Resident stated pain still to right upper extremity worse with movement, better at rest. Record Review of Resident #1's Medication Review Report dated 07/15/2025 revealed; non-weight bearing to right arm/shoulder Q shift. Right arm to remain in sling. Do not use right arm for pushing up, lifting, or supporting weight. every shift. Acetaminophen Tablet 500 MG Give 1 tablet by mouth every 6 hours as needed for pain/fever related to OTHER CHRONIC PAIN. Acetaminophen-Codeine Oral Tablet 300-30 MG (Acetaminophen w/ Codeine) Give 1 tablet by mouth every 4 hours as needed for pain related to LOW BACK</p>		