STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676161	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Valley Healthcare and Rehabilitation Center	6850 Rufe Snow Dr Fort Worth, TX 76148

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 - Immediate jeopardy to resident health or safety 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

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(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	**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 and assistance devices to prevent accidents for 1 (Resident #1) of 9 residents reviewed for accidents. The facility failed to ensure Resident #1, who required a mechanical lift transfer, was free of an accident hazard on 08/12/25 when she was transferred by CNA B without a mechanical lift and sustained a significant injury. Resident #1 was transported to the local hospital and diagnosed with a right humerus fracture. An Immediate Jeopardy (IJ) was identified on 09/04/25 at 04:00 PM and an IJ Template was provided to the DON at 04:41PM. While the IJ was removed on 09/05/25, the facility remained out of compliance at a scope of isolated with the severity level of potential for more than minimal harm that was not immediate due to the facility's need to evaluate the effectiveness of the corrective systems. This failure could place residents at risk for accidents that could lead to a serious injury or harm.Record review of Resident #1's face sheet, dated 09/04/25, reflected the resident was a [AGE] year-old-female who admitted to the facility on [DATE] and discharged on 08/12/25. Resident #1's diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Side Dominant (stroke damages left hemisphere of the brain, leading to complete paralysis (hemiplegia) or significant weakness (hemiparesis) on the right side of the body), Lack of Coordination (difficulty with muscle control and movement), Syncope and Collapse (sudden loss of consciousness, often accompanied by loss of muscle tone and falling to the ground), Muscle Wasting and Atrophy (loss of muscle mass and strength), Muscle Weakness (decreased ability of muscles to contract and produce force), Chronic Pain Syndrome (persistent pain that lasts for at least three months and significantly impacts daily life), Soft Tissues Disorders (conditions that affect the muscles, ligaments, tendons, and other soft tissues of the body), End Stage Renal Disease (condition where kidneys have deteriorated to the point where they can no longer function properly) and Age-Related Physical Debility (general weakness, fatigue, and reduced physical capacity). Record review of Resident #1's MDS, dated [DATE], reflected she had a BIMS score of 08, which indicated moderate cognitive impairment. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #1 was dependent on staff for all ADLs including self-care and mobility. Resident #1 used a wheelchair. Record review of Resident #1's care plan, dated 07/30/25 reflected Resident #1 had an ADLS self-care performance deficit. The resident required mechanical lift with two staff for transfers. The resident required total assistance by two staff to move her between surfaces. Record review of Resident #1's order summary report, dated 09/04/25, reflected the following:Hoyer Lift with two staff members for transfers every shift. Start date: 08/05/25 Record review of Resident #1's progress notes, dated 08/12/25 at 01:32PM by LVN A reflected the following: CNA [reported] she heard a popping sound to [Resident #1's] right arm during transfer. Resident [appeared] to be in severe pain. [Resident #1] refused prn hydrocodone and Tylenol. [Resident #1] stated she just wanted an x-ray done. [NP] notified. New order for [Resident #1] to go to hospital for evaluation. [Ambulance] took her to ER for evaluation. Record review of Resident #1's progress notes, dated 08/12/25 at 06:18PM by LVN C reflected the following: [Resident #1's] [RP] called to say that [Resident #1] was likely to spend the [night] at the hospital because she had a broken bone. She said they were waiting for an X-ray on the arm. Notified DON. Record review of Resident #1's hospital records, dated 08/13/25, reflected in part the following: admit date and Time: 08/12/2025 at 03:19 PM History of present illness: [Resident #1] is a 75 y.o. female that has a past medical history of Chronic pain disorder, Hemiparesis affecting right side as late effect of stroke, Neuromuscular disorder, Right-sided muscle weakness, Shortness of breath, Splenic artery aneurysm, Stroke, and Wheelchair dependent who presents with acute right arm pain after being repositioned in her chair today when her caretaker felt a pop near her shoulder. [Resident #1] is willing in pain, when asked where it hurts she points specifically to her arm. [Resident#1] has chronically dislocated right shoulder. Complaint: Per NH staff, concerned for right shoulder dislocation. Heard a pop while moving [Resident #1] from WC to bed.Impression at 04:30PM:1. Anterior dislocation [{upper bone moves forward out of its socket)] of the right shoulder. Right humeral neck fracture.2. Pleural effusion and infiltrates in the visualized right chest. Recommend a dedicated chest x-ray. Final Result: Limited axillary view with the persistent anterior glenohumeral dislocation.XR humerus right 2 views:1. Humeral neck fracture with mild displacement.2. Anterior glenohumeral dislocation of the shoulder.3. Vascular stent in the axillary region. XR shoulder right view:1. Anterior dislocation of the right shoulder. Right humeral neck fracture.2. Pleural effusion [(excess