STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676274	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Remarkable Healthcare of Seguin	1339 Eastwood Dr Seguin, TX 78155

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28619 Based on observation, interviews and record reviews, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or serious bodily injury for 1 (Resident #1) of 3 resident reviewed who required having their wheelchairs for transport for freedom from abuse, neglect, and exploitation. The facility failed to ensure the Maintenance Director, who drove Resident #1 to an appointment, reported that Resident #1 had an incident with her right foot and leg dropping down under the moving wheelchair and getting caught as she was assisted out of the van, until the next morning. This deficient practice affects residents in wheelchairs who require leg rests and foot pedals and affects residents transported to appointments and placed residents at risk of pain and could result in delay in assessment and treatment. The findings included: Record review of Resident #1's electronic face sheet dated 04/27/2024 reflected she was originally admitted to the facility on [DATE]. Her diagnoses included: hypertensive chronic kidney disease (high blood pressure makes it more likely that the kidney disease will get worse and end up with heart problems), rheumatoid arthritis (an autoimmune and inflammatory disease causing inflammation (painful swelling) in the affected parts of the body and mainly attacks the joints), specified disorders of bone density and structure (a disease caused by low bone mass and deterioration of bone structure that causes bone fragility and increases risk of fracture), age-related osteoporosis (deterioration in bone mass and microarchitecture, with increasing risk to fragility fractures) with current pathological fracture right femur (occurs in abnormal bone, typically with normal activity or minimal trauma). (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's quarterly MDS assessment with an ARD of 02/10/2024 reflected she could usually be understood and could usually understand others. She scored a 13/15 on her BIMS which signified she was cognitively intact. She required the use of a manual wheelchair for mobility. She required moderate assistance with her ADL's and was able with moderate assistance from staff to wheel 50 feet doing half of the effort. Helper lifts, holds trunk or limbs and provides more than half the effort. She received a pain medication regimen. She took opioid medication (medication prescribed by the doctor to treat persistent or severe pain). Record review of Resident #1's comprehensive person-centered care plan (undated) reflected Focus, have osteoporosis (a bone disease that develops when bone density and bone mass decreases, or when the structure and strength of bone changes), 4/18/2024, was sent to ER for evaluation and treatment r/t x-rays completed revealed mildly displaced intertrochanteric fracture femur with varus deformity (a deformity involving oblique displacement (broken at an angle, fracture is a straight line that's angled across the width of the bone and usually caused by landing on the bone at an angle, after a fall or hit suddenly from an angle) of part of a limb toward the midline). Interventions/Tasks, use of supportive devices such as splints, braces, canes, crutches, etc. Use of a wheelchair with leg rests and foot pedals was not care planned. Further review reflected Focus, on pain medication therapy, Intervention/Tasks, administer medication as ordered. Record review of Resident #1's MAR dated 04/1/2024 - 04/30/2024 reflected she received Tylenol with Codeine #3 tablet 300-30 MG, one tablet tid for pain. Original order start date 10/16/2023. She received a dose on April 17th at 08:00 AM prior to going to her hospital appointment to receive her blood transfusion. The order for Tylenol with Codeine #3 was discontinued on 04/20/2024 and new orders for oxycodone HCL was ordered when she returned from the hospital. Record review of Resident #1's progress note written by LVN dated 04/17/2024 at 4:45 PM reflected resident arrived via facility w/c van from transfusion c/o pain to lower extremity per CNA. Nurse assessed bilateral lower extremities swollen from sitting up too long. Socks pulled halfway down calf tight around calves. Removed socks, patient stated she felt better repositioned bilateral legs placed on small pillow. Resident requested and received her routine pain medication. Record review of Resident #1's progress note Late Entry dated 04/17/2024 at 09:30 PM written by LVN C reflected Called to room by med aide after neighbor requested and was given prn pain medication for right hip/leg pain. Neighbor reporting that feet were caught up in w/c this am during transport appointment at hospital. Right hip area and right leg swollen. Neighbor calls out in pain on movement. Placed call to Dr .after hr. on call and received order for 2 view hip/femur x-rays. Order completed. ETA couple hours. Record review of Resident #1's Final X-ray Report dated 04/17/2024 reflected significant findings, acute, obliquely oriented, comminuted, mildly displaced intertrochanteric fracture femur with varus deformity. Observation on 04/27/2024 at 09:40 a.m. of Resident #1 revealed she was lying in bed, appeared comfortable and her wheelchair was at the foot of her bed with leg rests and foot pedals unattached. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 04/27/2024 at 09:45 a.m. with Resident #1, she stated the man who took her to her blood transfusion appointment was not Van Driver A. She stated the man who took her to get her blood drawn, which happens two to three times a month did not put on her regular footrests. She stated she always had the leg rests and foot pedals on her wheelchair because she needed them to support her legs. She stated she did not think to tell the man she needed them because she thought it would be her regular van driver. She stated she had to carry her right leg by placing it on top of her left leg and her foot slipped causing her right leg to get stuck under the wheelchair. She stated the man stopped and helped her free her leg, and she was in pain, but not severely hurt. She stated she told the hospital staff about her pain, but it was not addressed. She stated her pain was about a 10 out of 1-10 pain scale, 10 being the highest during her appointment which lasted from 11:00 to when she returned to the facility at 04:30 PM. She stated after she returned to the facility, she told CNA B she was in pain and to tell the nurse. She stated LVN C entered the room and treated her for pain, and later she had an x-ray, and was sent to the hospital where they were unable to treat her due to her blood condition. She stated she was then sent to a Navy hospital and they could not treat her and then she went back to the local hospital where she was sent back to the facility. Interview on 04/27/2024 at 1:21 PM with CNA D revealed she collaborated with Resident #1 the morning of her appointment and no one told her the resident had an appointment. She stated she did not put on the leg extensions and foot pedals on Resident #1's wheelchair and usually never did. She stated she did not know the resident needed the leg rests and foot pedals. Interview on 04/27/2024 at 3:20 pm with the Maintenance Director revealed he was not the routine van driver, but a backup driver for Van Driver A. He stated he got Resident #1 out of the room on 04/17/2024. He stated he was unaware of who needed leg rests or foot pedals. He stated Resident #1 had no leg rests on her chair. When he arrived at the hospital and put the lift down and got her on the ground, her right leg slipped under her and he kept moving ahead. He stated Resident #1 did not ask him for any footrests prior to leaving. He stated he went to the nurse's station at the facility and obtained paperwork prior to going. He stated Resident #1 was holding both legs up just enough so they were not touching the ground. He stated when Resident #1's right leg went under her wheelchair, she complained of pain and told me it hurt a bit. He stated he had 4 other rides and did not think to tell anyone about the incident. He stated he was not informed Resident #1 needed the leg rests and foot pedals, and that it was not a requirement. He stated it was his fault and he did not think about the incident until the next morning at their meeting when he told the administrator and was suspended for not reporting the incident immediately. He stated he was trained to report anything, and was so busy, he did not think about reporting it at the time. Interview on 04/28/2024 at 4:05 PM with the DON revealed she found out about the incident with Resident #1, and staff were in-serviced immediately about communicating with the resident and putting on leg rests and foot pedals if needed. She stated staff needed to be aware of who required leg rests and foot pedals, and it should be care planned if the resident needed them for support and safety such as Resident #1. She stated accidents could happen and the resident could fall or fracture a limb. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 04/28/2024 at 4:15 PM with the ADM revealed he was called about Resident #1's fracture and did not find out about the incident until the next morning on 04/18/2024 by the Maintenance Director. He stated staff was trained to report any incidents immediately and he suspended the worker pending investigation. He stated he had one regular van driver A, and the Maintenance Director was a back up van driver. He stated Van driver A was sick on the day of Resident #1's appointment, so the Maintenance Director was asked to take Resident #1. He stated he had one other van driver who was the Medical Records clerk and that the 3 of them were on van safety. Record review of the facility policy and procedure titled Safety and Supervision of Residents revised December 2007 reflected Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Record review of the facility policy and procedure titled Preventing Resident Abuse revised April 2014 reflected Encouraging all personnel, residents, family members, visitors, etc. to report any signs or suspected incidents of abuse to facility management immediately. Record review of the facility policy and procedure titled Van Safety Policy dated 01/01/2021 reflected All accidents in company vehicles must be reported immediately .to the administrator to include any driver or passenger injuries.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28619 Based on observations, interviews, and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment for 3 (Residents #1, #2, and #3) out of 3 residents reviewed who required wheelchair leg rests and foot pedals for comprehensive resident centered care plans. 1. Resident #1's comprehensive care plan (undated) did not reflect she partially depended on staff to wheel her in a wheelchair for locomotion and she needed the leg rests and foot pedals for support. 2. Resident #2's comprehensive care plan inaccurately reflected she was ambulatory and mobilized in her wheelchair. It did not address she was in a tall wheelchair dependent on staff to be mobile and needed leg rests with foot pedals for support. 3. Resident #3's comprehensive care plan did not reflect he used a leg rest and foot pedal for support for his affected leg. This deficient practice affects residents who require wheelchairs for mobilization and need leg rest/s and foot pedals to support a limb/limbs and could result in injury or fracture. The findings included: 1. Record review of Resident #1's electronic face sheet dated 04/27/2024 reflected she was originally admitted to the facility on [DATE]. Her diagnoses included: hypertensive chronic kidney disease (high blood pressure makes it more likely that the kidney disease will get worse and end up with heart problems), rheumatoid arthritis (an autoimmune and inflammatory disease causing inflammation (painful swelling) in the affected parts of the body and mainly attacks the joints), specified disorders of bone density and structure (a disease caused by low bone mass and deterioration of bone structure that causes bone fragility and increases risk of fracture), age-related osteoporosis (deterioration in bone mass and microarchitecture, with increasing risk to fragility fractures) with current pathological fracture right femur (occurs in abnormal bone, typically with normal activity or minimal trauma). Record review of Resident #1's quarterly MDS assessment with an ARD of 02/10/2024 reflected she could usually be understood and could usually understand others. She scored a 13/15 on her BIMS which signified she was cognitively intact. She required the use of a manual wheelchair for mobility. She required moderate assistance with her ADL's and was able with moderate assistance from staff to wheel 50 feet doing half of the effort. Helper lifts, holds trunk or limbs and provides more than half the effort. She received a pain medication regimen. She took opioid medication (medication prescribed by the doctor to treat persistent or severe pain). (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Record review of Resident #1's comprehensive person-centered care plan (undated) reflected Focus, have osteoporosis (a bone disease that develops when bone density and bone mass decreases, or when the structure and strength of bone changes), 4/18/2024, was sent to ER for evaluation and treatment r/t x-rays completed revealed mildly displaced intertrochanteric fracture femur with varus deformity (a deformity involving oblique displacement (broken at an angle, fracture is a straight line that's angled across the width of the bone and usually caused by landing on the bone at an angle, after a fall or hit suddenly from an angle) of part of a limb toward the midline). Interventions/Tasks, use of supportive devices such as splints, braces, canes, crutches, etc. Use of a wheelchair with leg rests and foot pedals was not care planned. Further review reflected Focus, on pain medication therapy, Intervention/Tasks, administer medication as ordered. Observation on 04/27/2024 at 09:40 a.m. of Resident #1 revealed she was lying in bed, appeared comfortable and her wheelchair was at the foot of her bed with leg rests and foot pedals unattached. In an interview on 04/27/2024 at 09:43 a.m. with Resident #1, she stated she always had leg rests and foot pedals on her wheelchair for support. 2. Record review of Resident #2's electronic face sheet dated 04/28/2024 reflected she was originally admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnoses included: hemiplegia and hemiparesis (partial or total body weakness or paralysis) following cerebral infarction (damage to tissues in the brain due to loss of oxygen to the area) affecting right dominant side, diabetes mellitus (a disease in which the body's ability to produce or respond to the hormone insulin is impaired), major depressive disorder (causes persistent feeling of sadness and loss of interest and can interfere in daily activities), disorder of bone density (bone mineral density and bone mass decreases) and structure and aphasia (loss of ability to understand and express speech, caused by brain damage). Record review of Resident #2's quarterly MDS assessment with an ARD of 03/08/2024 reflected she rarely was understood and sometimes understood others. She scored a 99 on her BIMS which signified she was unable to complete the interview and not able to respond. She used a manual wheelchair and was dependent on staff to move while in the wheelchair and no attempt to ambulate due to medical condition or safety concerns. Review of Resident #2's comprehensive person-centered care plan (undated) reflected Focus, at moderate risk for falls r/t gait/balance problems, paralysis, unaware safety needs, Interventions/Tasks, ensure wearing appropriate footwear/slippers, and/or non-skid socks when ambulating or mobilizing in w/c. Observation on 04/28/2024 at 12:30 p.m. of Resident #2 revealed she was in the dining room, sitting in a tall wheelchair and she had leg rests and foot pedals attached to support her legs and feet. She was not interviewable. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	3. Record review of Resident #3's electronic face sheet dated 04/28/2024 reflected he was admitted to the facility on [DATE]. His diagnoses included: hemiplegia and hemiparesis (partial or total body weakness or paralysis) following unspecified cerebrovascular accident (damage to tissues in the brain due to loss of oxygen to the area) affecting left dominant side, aphasia (loss of ability to understand and express speech, caused by brain damage), dysphagia (difficulty swallowing), and age-related osteoporosis without current pathological fracture (Deterioration in bone mass and microarchitecture, with increasing risk to fragility fractures). Record review of Resident #3's quarterly MDS assessment with an ARD of 02/13/2024 reflected he was usually understood and could usually understand others. He was not able to complete a BIMS which signified he was severely cognitively impaired. He independently used a manual wheelchair for locomotion. Record review of Resident #3's comprehensive person-centered care plan (undated) reflected Focus, have limited physical mobility r/t stroke, Interventions/Tasks, Mobility: use a wheelchair for locomotion. The care plan did not address Resident #3 used a leg rest and foot pedal for his affected leg. Observation and interview on 04/28/2024 at 1:00 p.m. of Resident #3 revealed he was in his room wheeling around in his wheelchair and had a leg rest and foot pedal supporting his lower right leg and foot. When asked by the surveyor if he always used the leg rest and foot pedal, he gave a thumbs up. An interview on 04/28/2024 at 4:05 PM with the DON revealed staff needed to know who the residents were who needed leg rests and foot pedals for support and safety such as Residents #1, #2, and #3. She stated accidents could happen and the resident could fall or fracture a limb. She stated the leg rests and foot pedals should be in the resident's person-centered plan of care to include with their wheelchairs because that was a major part of their quality of life and the staff needed to know what to do to provide care for them. Record review of the facility's policy and procedure titled Care Plans-Comprehensive revised December 2009 reflected An individualized comprehensive care plan that includes measurable, objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.

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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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28619 Based on observation, interviews, and record reviews, the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 (Resident #1) of 3 residents reviewed who required having leg rests and foot pedals on their wheel chairs for quality of care. The facility failed to ensure Resident #1 had her leg rests and foot pedals on her wheelchair when she went to an appointment on 04/17/2024 and her unsupported right foot slid off from her other foot which was supporting it and was caught under the moving wheelchair pushed by the Maintenance Director and resulted in a fractured femur (thigh and upper hind limb bone, longest strongest bone in the body) . This deficient practice affects residents in wheelchairs who required assistive devices to support their legs and feet such as leg rests and foot pedals and could result in falls and fractures. The findings included: Record review of Resident #1's electronic face sheet dated 04/27/2024 reflected she was originally admitted to the facility on [DATE]. Her diagnoses included: hypertensive chronic kidney disease (high blood pressure makes it more likely that the kidney disease will get worse and end up with heart problems), rheumatoid arthritis (an autoimmune and inflammatory disease causing inflammation (painful swelling) in the affected parts of the body and mainly attacks the joints), specified disorders of bone density and structure (a disease caused by low bone mass and deterioration of bone structure that causes bone fragility and increases risk of fracture), age-related osteoporosis (deterioration in bone mass and microarchitecture, with increasing risk to fragility fractures) with current pathological fracture right femur (occurs in abnormal bone, typically with normal activity or minimal trauma). Record review of Resident #1's quarterly MDS assessment with an ARD of 02/10/2024 reflected she could usually be understood and could usually understand others. She scored a 13/15 on her BIMS which signified she was cognitively intact. She required the use of a manual wheelchair for mobility. She required moderate assistance with her ADL's and was able with moderate assistance from staff to wheel 50 feet doing half of the effort. Helper lifts, holds trunk or limbs and provides more than half the effort. (Resident has more upper body support) She received a pain medication regimen. She took opioid medication (medication prescribed by the doctor to treat persistent or severe pain). (continued on next page)

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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 - Actual harm Residents Affected - Few	Record review of Resident #1's comprehensive person-centered care plan (undated) reflected Focus, have osteoporosis (a bone disease that develops when bone density and bone mass decreases, or when the structure and strength of bone changes), 4/18/2024, was sent to ER for evaluation and treatment r/t x-rays completed revealed mildly displaced intertrochanteric (Do fracture femur with varus deformity (a deformity involving oblique displacement (broken at an angle, fracture is a straight line that's angled across the width of the bone and usually caused by landing on the bone at an angle, after a fall or hit suddenly from an angle) of part of a limb toward the midline). Interventions/Tasks, use of supportive devices such as splints, braces, canes, crutches, etc. Use of a wheelchair with leg rests and foot pedals was not care planned. Further review reflected Focus, on pain medication therapy, Intervention/Tasks, administer medication as ordered. Record review of Resident #1's MAR dated 04/1/2024 - 04/30/2024 reflected she received Tylenol with Codeine #3 tablet 300-30 (narcotic pain medication) MG, one tablet tid for pain. Original order start date 10/16/2023. She received a dose on April 17th at 08:00 AM prior to going to her hospital appointment to receive her blood transfusion. The order for Tylenol with Codeine #3 was discontinued on 04/20/2024 and new orders for oxycodone HCL (narcotic medication for pain) was ordered when she returned from the hospital. Record review of Resident #1's progress note written by LVN dated 04/17/2024 at 4:45 PM reflected resident arrived via facility w/c van from transfusion c/o pain to lower extremity per CNA. Nurse assessed bilateral lower extremities swollen from sitting up too long. Socks pulled halfway down calf tight around calves. Removed socks, patient stated she felt better repositioned bilateral legs placed on small pillow. Resident requested and received her routine pain medication. Record review of Resident #1's progress note Late Entry dated 04/17/2024 at 09:30 PM written by LVN C reflected Called to room by med aide after neighbor requested and was given prn pain medication for right hip/leg pain. Neighbor reporting that feet were caught up in w/c this am during transport appointment at hospital. Right hip area and right leg swollen. Neighbor calls out in pain on movement. Placed call to Dr .after hr. on call and received order for 2 view hip/femur x-rays. Order completed. ETA couple hours. Record review of Resident #1's Final X-ray Report dated 04/17/2024 reflected significant findings, acute, obliquely oriented, comminuted, mildly displaced intertrochanteric fracture femur with varus deformity. Observation on 04/27/2024 at 09:40 a.m. of Resident #1 revealed she was lying in bed, appeared comfortable, and her wheelchair was at the foot of her bed with leg rests and foot pedals unattached. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	In an interview on 04/27/2024 at 09:45 a.m. with Resident #1, she stated the man who took her to her blood transfusion appointment was not Van Driver A. She stated the man who took her to get her blood drawn, which happens two to three times a month, did not put on her regular footrests. She stated she always had the leg rests and foot pedals on her wheelchair because she needed them to support her legs. She stated she did not think to tell the man she needed them because she thought it would be her regular van driver. She stated she had to carry her right leg by placing it on top of her left leg and her foot slipped causing her right leg to get stuck under the wheelchair. She stated the man stopped and helped her free her leg, and she was in pain, but not severely hurt. She stated she told the hospital staff about her pain, but it was not addressed. She stated her pain was about a 10 out of 1-10 pain scale, 10 being the highest during her appointment which lasted from 11:00 to when she returned to the facility at 04:30 PM. She stated after she returned to the facility, she told CNA B she was in pain and to tell the nurse. She stated LVN C entered the room and treated her for pain, and later she had an x-ray, and was sent to the hospital where they were unable to treat her due to her blood condition. She stated she was then sent to a Navy hospital, but they could not treat her and then she went back to the local hospital where she was sent back to the facility. An interview on 04/27/2024 at 1:21 PM with CNA D revealed she collaborated with Resident #1 the morning of her appointment and no one told her the resident had an appointment. She stated she did not put on the leg extensions and foot pedals on Resident #1's wheelchair and usually never did. She stated she did not know the resident needed the leg rests and foot pedals. An interview on 04/27/2024 at 3:20 pm with the Maintenance Director revealed he was not the routine van driver, but a backup driver for Van Driver A. He stated he got Resident #1 out of the room on 04/17/2024. He stated he was unaware of who needed leg rests or foot pedals. He stated Resident #1 had no leg rests on her chair. When he arrived at the hospital and put the lift down and got her on the ground, her right leg slipped under her and he kept moving ahead. He stated Resident #1 did not ask him for any footrests prior to leaving. He stated he went to the nurse's station at the facility and obtained paperwork prior to going. He stated Resident #1 was holding both legs up just enough so they were not touching the ground. He stated when Resident #1's right leg went under her wheelchair, she complained of pain and told me it hurt a bit. He stated he had 4 other rides and did not think to tell anyone about the incident. He stated he was not informed Resident #1 needed the leg rests and foot pedals, and that it was not a requirement. He stated it was his fault and he did not think about the incident until the next morning at their meeting when he told the Administrator and was suspended for not reporting the incident immediately. He stated he was trained to report anything, and was so busy, he did not think about reporting it at the time. An interview on 04/28/2024 at 1:42 PM with Van Driver A revealed he worked at the facility for 2 years and had received training on van safety when he was first hired and then after the recent incident with Resident #1. He stated he never took Resident #1 to her appointment without the wheelchair leg rests and foot pedals attached. He stated Resident #1 should always have them on because she was frail. He stated he kept spare leg rests and foot pedals in the van. An interview on 04/28/2024 at 3:41 PM with LVN D revealed she collaborated with Resident #1 and the resident required the leg extenders and foot pedals on because she was frail and needed the support. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676274	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Remarkable Healthcare of Seguin	1339 Eastwood Dr Seguin, TX 78155

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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 - Actual harm Residents Affected - Few	An interview on 04/28/2024 at 3:47 PM with CNA E revealed she worked at the facility since 2010 and collaborated with Resident #1. She stated Resident #1 needed her leg rests and foot pedals, and the only time they were removed when they took her to the toilet and she never told her she did not want them on the wheelchair. An interview on 04/28/2024 at 4:05 PM with the DON revealed she found out about the incident with Resident #1, and staff were in-serviced immediately about communicating with the resident and putting on leg rests and foot pedals if needed. She stated staff needed to be aware of who required leg rests and foot pedals, and it should be care planned if the resident needed them for support and safety such as Resident #1. She stated accidents could happen and the resident could fall or fracture a limb. Record review of the three van drivers revealed Van Driver A was trained on van safety on his DOH: 07/27/2022 and retrained on 04/18/2024. The Maintenance Director was trained on van safety on his DOH: 12/19/2016 and retrained on 04/19/2024. Van Driver F was trained on her DOH: 07/27/2022 and retrained on 04/18/2024. Record review of the facility policy and procedure titled Safety and Supervision of Residents revised December 2007 reflected Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Record review of the facility policy and procedure titled Preventing Resident Abuse revised April 2014 reflected Encouraging all personnel, residents, family members, visitors, etc. to report any signs or suspected incidents of abuse to facility management immediately. Record review of the facility policy and procedure titled Van Safety Policy dated 01/01/2021 reflected All accidents in company vehicles must be reported immediately .to the administrator to include any driver or passenger injuries.