STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676386	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Rest Haven	503 Meadow Drive West, TX 76691

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 observations, interviews, and record reviews, the facility failed to provide adequate supervision for 1 of 5 residents reviewed for accidents and supervision. (Resident #1)The facility failed to ensure Resident #1 was provided a mechanical lift transfer by two staff to move between surfaces which resulted in a transfer with injuries including an acute fracture of the greater trochanter (femur) which was slightly displaced on 11/29/2025.The non-compliance was identified as past non-compliance. The immediate jeopardy began on 11/29/2025/and ended on 12/05/2025. The facility had corrected the noncompliance prior to the start of the survey. The facility had implemented corrective actions and returned to compliance before the investigation began.This failure had the potential to affect other residents and could result in residents not receiving appropriate supervision, placing them at risk for serious injury, harm, or death. Findings included:Record review of Resident #1's face sheet reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included nondisplaced fracture of greater trochanter of left femur, initial encounter for closed fracture (a crack in the outer part of the top of the left thigh bone), acute kidney failure (sudden loss of kidney function), anxiety (a feeling of worry or fear), gastroesophageal reflux disease (condition where acidic gastric fluids flows backward into the esophagus, resulting in heartburn), dementia (memory loss), abnormality of gait (noticeable change from typical walking pattern) and muscle weakness (lack of muscle strength). Record review of Resident #1's care plan with a revised date of 03/13/2024 reflected [Resident #1] has an ADL self-care performance deficit related to dementia. The care plan reflected the following intervention: .requires a mechanical lift by two staff to move between surfaces and as necessary. Record Review of Resident #1's MDS Assessment, dated 12/10/2025, reflected Resident #1 was unable to complete the brief interview for mental status. Resident #1 had poor short-term memory recall. Her decision-making ability was severely impaired. Record review of the facility's incident report dated 12/02/2025 revealed a statement It was reported by staff the morning of 12/03/2025 that Resident #1 had returned from the ER late last night with DX of left Femur fracture and UTI. New orders sent for Levaquin for UTI. Family aware and was at ER with resident. She was medicated for pain after returning and is now sleeping. Staff report no visible bruising or discoloration noted at this moment to the area. May be slight swelling but hard to tell. No shortening of leg or external rotation noted. Record review of hospital discharge records dated 12/02/2025 reflected Resident #1 was taken to the hospital for an assessment with the chief complaint of lower extremity pain. The resident's symptoms was located in the area of the left hip, left thigh, and left knee. Resident #1's results revealed acute fracture of the left greater trochanter which is slightly displaced. Resident #1 was discharged from the hospital to the facility. Record review of Resident #1's PCP facility visit dated 12/03/2025 reflected ortho felt non-operable due to comorbidities. I spoke with Resident #1's RP, and we both agreed that surgery would not be in her best interest as long as we can keep her in bed/chair and control pain. In an interview on 12/22/2025 at 10:30 AM with Resident #1, she stated she did not recall having a fractured hip. Resident #1 stated she did not have any pain. In a telephone interview on 12/22/2025 at 10:14 AM with CNA A, she stated when she was transferring Resident #1 from her bed to the wheelchair. She stated she (CNA A) was holding onto the resident's pants while the resident was pivoting from her bed to her wheelchair. She stated she was told by a staff member to put the sling underneath the resident and if the resident was not having combative behaviors, she could transfer the resident using a gait belt. She stated she did not grab an assignment sheet, which gave direction on what assignments were to be completed by staff, at the beginning of her shift. In an interview on 12/22/2025 at 10:20 AM with the DON, she stated that Resident #1 needed a mechanical lift with two staff for every transfer. She stated assignment sheets were at each nurse's station for staff to obtain upon arrival of their shift. She stated it tells which residents they would have, how the resident transfers, and how much assistance is needed. She stated her expectation is for staff to follow the level of assistance on the assignment sheets for each resident. She stated if a resident's transfer status changes, the nursing supervisor would update the assignment sheets. She stated all staff were in-serviced on abuse, neglect, and transfers. She stated all residents' transfer status was reviewed weekly as an ongoing process and discussed in the morning meeting. She stated the nursing supervisor was responsible for keeping up with the transfer training and how to use the facility equipment with new staff. She stated interventions were put in place for all agency staff. She stated staff are given an agency staff information sheet to read, sign, and date, would be uploaded into the agency portal, staff would