

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER The Enclave		STREET ADDRESS, CITY, STATE, ZIP CODE 18803 Hardy Oak San Antonio, TX 78258	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42402</p> <p>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 6 residents reviewed for accidents.</p> <p>NA E failed to use an assistive device used for lifting and transfers on 4/30/24 when transferring Resident #1, resulting in Resident #1 experiencing pain to her Right ankle and requiring an x-ray.</p> <p>This failure could place residents at risk of injuries and a decline in quality of life.</p> <p>Findings include:</p> <p>Record review of Resident #1's Face Sheet dated 6/6/2024, revealed a [AGE] year old female who was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of muscle wasting, Diabetes Mellitus 2 , cognitive communicative disorder ,recurrent depression, history of fracture right femur(primary leg bone), hyperlipidemia(high cholesterol), and dementia without behaviors.</p> <p>Record review of Resident #1's MDS dated [DATE] revealed a BIMS score of 11 indicating cognitively intact. MDS reflected Resident #1 required 1 to 2 person transfers with lift.</p> <p>Record review of Resident #1's care plan dated 5/14/2024 revealed Resident #1 required assist of 1 or 2 staff members to transfer with a Total Lift(a lifting machine for transferring people).</p> <p>Record review of Resident #1's nursing progress notes dated 5/1/2024 revealed Resident #1 had complained of pain to her right foot and right ankle. There were no signs and symptoms of swelling or bruising at that time. Resident stated pain was 10/10. She was administered Tramadol 50 mg 2 tabs for pain. An x-ray was ordered to her right ankle and right foot.</p> <p>Record review of Resident #1's x-ray results dated 5/1/2024 of right ankle revealed no fracture.</p> <p>(continued on next page)</p>		

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 6/6/2024 at 11:30 am revealed Resident #1 was lying in bed awake alert. Interview with Resident #1 resulted in her explaining NA E told her it was time to get up. Resident #1 told NA E to use the lift. Resident #1 stated NA E told her I can get you up quicker by myself and I won't hurt you. Resident #1 said NA E sat her up on side of bed and placed a gait belt on her then stood her up to transfer her to her wheelchair. Resident #1 stated she heard and felt her right ankle pop and she stated it hurt. Resident #1 stated she had an xray of her right foot and there was no fracture but it hurt for several days after.</p> <p>Telephone attempts x2 were unsuccessful to NA E for interviews during investigation.</p> <p>During an interview on 6/7/2024 at 2:33 pm Agency NA D stated staff were to transfer Resident #1 with a Total Lift when transferring her out of bed to the wheelchair or to shower chair. She further revealed the information for the Total Lift usage was in Resident #1's Kardex (computer resource for residents needs and requirements) and staff had access.</p> <p>During an interview on 6/7/2024 at 2:40 pm NA C stated staff were to transfer Resident #1 with a Total Lift when transferring out of bed to wheelchair or to shower chair. She further revealed the information for the Total Lift usage was in Resident #1's Kardex and staff had access.</p> <p>During an interview on 6/7/2024 at 2:45 pm RN B revealed Resident #1 had in her Kardex/Care plan to use Total Lift when transfers occurred. May use 1 or 2 staff.</p> <p>During an interview on 6/7/2024 at 4:17 pm the DON revealed NA E was terminated due to her admitting Resident #1 told her to use Total Lift and she still transferred Resident #1 by herself without the Total Lift. She further revealed NA E told her it was faster. DON stated Resident #1 had reported on 4/30/24 the 2pm-10 pm aide (NA E) had transferred her without using the Total lift and hurt her right ankle. She said Resident #1 had asked NA E to use the Total Lift and NA E said she won't hurt you and transferred her without the Total Lift. X rays were done and there was no fracture to her right ankle or foot. DON said she felt that NA E should have listened to the resident or checked the residents Kardex. She felt all other staff asked the nurse or looked in the residents Kardex on how to transfer residents. She further revealed NA E was trained and in serviced on using safe transfer equipment and the safety of the resident.</p> <p>Record review of NA E's HR file education competency records revealed a competency titled Orientation checklist; Safe Lift/Movement: Transfers/Gait Belt: Use, Level of Care Needs, Wheelchair positioning and Mechanical Lifts: signed by NA on 10/3/2023 as being completed. Record review of NA E's education competency records further revealed competency titled Fall Prevention and Accident and Restraint Free Environment was signed by NA on 10/3/2023 as being completed.</p> <p>Record review of facility CNA/Caregiver Competency Checklist dated 4/9/2024 revealed NA E met competency for Accessing the Kardex to review level of care and safety needs at beginning of shift and as needed, Reviewing Kardex for safety needs, Mechanical Lift Device: signed by NA E on 4/9/2024 as met. A Hoyer Lift competency checklist was signed by NA E on 4/9/2024 as met.</p>		