STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676063	A. BUILDING _____ B. WING _____	**05/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALFREDO GONZALEZ TEXAS STATE VETERANS HOME	**301 E YUMA AVE MCALLEN, TX 78503**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents, for one Resident (R#1) of eight residents reviewed for accidents/supervision. OTA A failed to place footrests on R#1's wheelchair prior to transporting R#1 to therapy, causing R#1 to sustain a fracture below her right knee. This failure could place dependent residents at risk for neglect and injuries. The findings were: Record review of R#1's March 2020 Order Summary Report revealed R#1 was 96-years-old and was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Significant change in status Minimum Data Set, dated dated [DATE], revealed R#1: -had clear speech; -was usually understood by others; -usually understood others; -had adequate vision; -had severe cognitive impairment; -required limited assistance from staff with personal hygiene and eating; -required extensive assistance from staff with locomotion on unit, locomotion off unit, dressing, and toilet use; -was totally dependent on staff with bed mobility, transfers, and bathing; -was not steady, only able to stabilize with staff assistance when moving from seated to standing position, moving on and off toilet and surface-to-surface transfer; -had a lower extremity functional limitation in range of motion impairment on one side; and -received physical therapy. Record review of the facility's Provider Investigation Report, dated 03/12/20, revealed on 03/10/20 at approximately 4:38 p.m., OTA A went to the 800 hall to take R#1 to the rehab gym for her therapy session. OTA A pushed R#1 in her wheelchair down the 800 hall, while R#1 lifted her legs off the floor. As OTA A continued wheeling R#1, OTA A heard R#1 scream. R#1's right leg was bent backwards and towards/under the seat portion of the wheelchair. R#1 was sent to the hospital where x-rays were obtained of her right leg. The x-rays revealed a non-displaced tibial fracture. The facility's investigation revealed R#1's wheelchair did not have footrests when OTA A was wheeling her to the rehab gym. Review of R#1's Care Plan, dated 05/04/20, revealed in part, the Focus area: As I was being wheeled down the hallway in 800 hall, my leg dragged under when I was being wheeled. 3/12/2020 Resident with fracture right below the knee, resident is not a candidate for surgery due to age and cor-morbidities (sic). Resident will be bedbound for 4 weeks. Date Initiated: 03/11/20. Created on: 03/11/20. Revision on: 03/12/20. This focus area revealed the following Interventions: .2. Leave leg immobilizer to right lower leg .5. Make sure that I have foot rest when I am in wheelchair. Date Initiated: 03/11/20, Created On: 03/11/20, Revision On: 05/07/20. Review of an untitled and undated facility form from the activities of daily living book, which listed residents from the 800 hall and indicated if the residents used wheelchairs and footrests revealed R#1 used a wheelchair with footrests. During an interview on 05/07/20 at 2:22 p.m., OTA A said she did not notice footrests on R#1's wheelchair when she went to pick R#1 up for therapy. OTA A said she asked R#1 to hold her feet up and, because R#1 could do this, she thought R#1 did not need footrests. OTA A said R#1 had used footrests on her wheelchair in the past. OTA A said she overlooked that R#1 did not have footrests on her wheelchair that day. OTA A said she was wheeling R#1 down the hallway with her feet up when she heard R#1 scream. OTA A said she went around and found R#1's left foot out front and her right foot a little under her wheelchair. During an interview on 05/07/20 at 3:25 p.m., R#1 said she did not remember when her right leg was injured. During an interview on 05/08/20 at 2:45 p.m., the Director of Nursing said she had been in a meeting when she was notified of R#1's injury. The Director of Nursing said OTA A should have placed footrests on R#1's wheelchair before taking her to therapy. The Director of Nursing said OTA A did not place footrests on R#1's wheelchair, which caused R#1 to sustain a fracture. Record review revealed that, after this incident, the facility conducted an audit of all wheelchairs and created a spreadsheet for each hall. Staff to use this spreadsheet to understand which residents required wheelchairs with footrests. There have been no further incidents. Record review revealed in-services 03/10/20 and 03/11/20 on, When placing resident in wheelchair, if resident does not self-propel please ensure footrests are in place. If resident does not want footrests, let charge nurse know so it can be care planned. Review of the facility policy titled, Adequate supervision and assistance devices to prevent accidents, with a revision date of 05/19/15, revealed: The community identified residents who may be at risk for accidents and/or falls. An 'accident' is an unexpected, unintended event that can cause a resident bodily injury. It does not include adverse outcomes associated with consequences of treatment or care. Assessments and care plans are used to develop and implement procedures to prevent accidents.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.