STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2022
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway New Braunfels, TX 78130	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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	 authorities. **NOTE- TERMS IN BRACKETS F Based on interview and record revineglect, exploitation, or mistreatment property, are reported immediately cause the allegation involve abuse reviewed for neglect. The facility failed to report an incide hours, when Resident #1 fell face for required emergency evaluation at a This failure could place the resident unknown origin. The findings were: Record review of Resident #1's face [DATE] with diagnoses which includementia without behavioral disturt the brain resulting in problems with paroxysmal atrial fibrillation (a hear Record review of Resident #1's Ca to impaired cognition and a history included: assess reason for fall, star which indicated a severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary inclused in the severe cognitive Record review of Resident #1's quarementary	ts at risk for unreported allegations of a be sheet dated 06/08/2022 revealed an ded: cerebral infarction (stroke). Gener bance (a condition caused by lack of bl reasoning, planning, judgment, and m rt condition with irregular heartbeat). re Plan dated 4/24/2021 revealed the r of repeated falls, impaired vision and h aff education on proper positioning in th arterly assessment dated [DATE] revea	ONFIDENTIALITY** 38511 alleged violations involving abuse, e and misappropriation of resident egation is made, if the events that of 4 residents (Resident #1) a) immediately but not later than 24 and face on the ground which abuse, neglect, and injuries of [AGE] year-old female admitted on ralized muscle weakness, vascular lood that carries oxygen to parts of leemory), repeated falls, and resident was at risk for falls related hearing .with interventions which he chair. aled a BIMs of 5 (scale of 0-15) aled Resident #1 was unable to

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

Facility ID: 676472

676472 A. Building B. Wing	COMPLETED 06/10/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRE Sundance Inn Health Center 2034 Sundance New Braunfels,		
For information on the nursing home's plan to correct this deficiency, please contact the nursing hom	ne or the state survey agency.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC	C identifying information)	
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Residents Affected - Few Record review of an accident/incident report dated 6/0 chair on 6/06/2022 at 6:00 p.m. when Resident #1 was Resident sent out of the building at 6:45 p.m. Documer Record review of an accident/incident report dated 6/0 chair on 6/06/2022 at 6:00 p.m. when Resident #1 was Resident sent out of the building at 6:45 p.m. Documer Record review of an accident/incident report dated 6/0 chair on 6/06/2022 at 6:00 p.m. when Resident #1 was Resident #1's feet were not lifted off the ground and g on the ground .carpet burn noted to forehead with incr hospital emergency room for evaluation and treatment contusions/hematoma, head involved. The DON was r B. Record review of Resident #1 hospital record dated 6 and cervical spine which indicated the resident had sn forehead) frontal scalp edema and hematoma (swellin blood vessels typically caused by trauma) without frac inside the brain). During an interview on 6/08/2022 at 3:43 p.m. LVN C report (unknown staff) that Resident #1 was being pus shift when she fell forward. LVN C stated she did not k when the fall occurred. (continued on next page)	es dated 06/06/2022 at 6:00 p.m. revealed: Reported d into bedroom by NA A. Residents feet were not lift d by NA. Resident hit her forehead on the ground. N oes have carpet burn noted to forehead with increas IP, RP, and DON .orders to send out resident for a 0 nted by RN B. 06/2022 revealed Resident #1 had a witnessed fall f is sitting in wheelchair pushed into bedroom by NA A pot stuck under the chair. Resident #1 hit her forehear reased swelling. Resident #1 was sent to a local it at 6:45 p.m. The primary injury was listed as notified of the incident on 6/06/2022 at 6:20 p.m. by 6/06/2022 revealed the results of a CT scan of the h mall left para midline (left of midline or left side of neg and bruising or collection of blood outside of the cture (break in bone) or intracranial change (change stated on the morning on 6/07/2022 she received ir shed in a wheelchair on 6/06/2022 during the evening	ed No sed CT. from A. ad / RN eead es n ng

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	676472	A. Building B. Wing	06/10/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Sundance Inn Health Center		2034 Sundance Parkway New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please cont		tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES / full regulatory or LSC identifying information)	
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 was self-propelling (us her room. NA A stated Resident #1 stated she needed to change Resid way in the wheelchair. NA A stated wheelchair forward. NA A stated sh not normally respond. NA A stated sitting with her back against the back finger widths away from the back of but I didn't and when we turned the Resident #1 fell forward. She stated to grab Resident #1's shirt, but it ha forehead on the carpeted floor. NA arms out to stop or break the fall. N unable to hold her feet up while the down. NA A stated she did not use because she normally self-propels, have pulled her back in her seat an beyond for all my patients it was an she notified the ADON, identified as was okay even when the ambuland asked her to write a witness statem NA A stated she told the DON the st the DON she was sent home. She participated in lots of in-service trail participated in a resident movement training specifically addressing pus asked to complete or participate in During an interview on 6/08/2022 a a member of the facility management stated on 6/06/2022 she was sitting peaked into her office to talk. LVN I along the hallway by self-propelling needed to go to the bathroom and I back of NA A pushing Resident #1 NA A came and got her and stated she was lying on the floor on her le Weren't you with her? LVN E stated	t 4:16 p.m. NA A stated on 6/06/2022 a ing her feet to move herself in the wher was not very far from her bedroom, ap lent #1's brief, so she decided to push she told Resident #1 let's go change y e did not wait for the resident to respor Resident #1 was sitting forward on the ckrest. NA A stated Resident #1's butto if the wheelchair. NA A stated, I should corner her feet got stuck underneath th d her feet went under the seat and she uppened so quick. NA A stated Resider A stated it happened so quick that Res A A stated while pushing Resident #1 s wheelchair was moving. She stated R footrests because Resident #1 does no and she needs them off the chair to be d this would not have happened, I know accident and it happened so quick. NA s LVN E who assessed the resident. NA e took her out of the facility. NA A state ent. NA A stated on 6/07/2022 the DO same thing she told stated in this intervi- stated she completed new orientation of nings but could not remember what the t training that address patient positionin hing wheelchairs or wheelchair safety. any trainings since Resident #1's fall in t 4:55 p.m. LVN E stated she was the f nt team and a former ADON (as of Jan j in her office at approximately 6:00 p.m. E stated Resident #1 respond, yes. LVN E in the wheelchair. LVN E stated she h neard Resident #1 respond, yes. LVN E in the wheelchair towards her room. LV Resident #1 had a fall. LVN E stated w ft side just inside the doorway to her ro d NA A stated, Yes, but I could not cato Resident #1 put her feet down while st	elchair) down the hallway toward oproximately 2-3 doorway. NA A the resident the remainder of the rou and began pushing the nd to her because the resident did seat of the wheelchair and was not ock and back were approximately 3 have pulled her back in the chair, he wheelchair. NA A stated fell forward. NA A stated she tried nt #1 fell forward and hit her sident #1 was not able to put her she noticed the resident was esident #1's feet kept going up and ot have footrests on the wheelchair e mobile. NA A stated, I should w better than that. I go above and A A stated after Resident #1 fell A A stated Resident #1 stated she ed no one from management had N asked her what had happened. iew. NA A stated after speaking to competencies and training and had a trainings covered. She stated had ng, but she had not had any NA A stated she had not been ncident.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2022
		B. wing	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Sundance Inn Health Center		2034 Sundance Parkway New Braunfels, TX 78130	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 identify			on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shift, she was notified by LVN E that when she arrived. She stated Resid when EMS arrived at the facility. Re happened. RN B stated, NA A said headfirst and hit her head on the flo G and the DON of the incident on 6 During an observation/interview on hospital in an adjacent city. Reside Resident #1 was observed with a la	at 5:25 p.m. RN B stated on 6/06/2022 at Resident #1 had fallen. RN B stated dent #1 denied pain but had carpet bur N B stated she did not witness the incir she was wheeling the resident to her roor, immediately inside the resident roo 6/06/2022 (unknown time). 6/09/2022 at 8:30 a.m., Resident #1 w nt #1 had her eyes closed and did not arge bruise and swelling to her foreheat one large approximately 4 cm x 2 cm a	Resident #1 was still on the floor n and swelling to her forehead dent, but asked NA A what room when Resident #1 fell forward om. RN B stated she notified ADON vas observed in a hospital bed at open her eyes or respond to voice. d, midline and to the left, with
	and was unable to answer interview Resident #1 had repeat CT scans of incident. The RN stated the resider encephalopathy (a condition in whi vitamins, or other chemicals that ac During an interview on 6/09/2022 a by an unknown staff member on ar	tt 8:44 a.m. with a RN at the hospital re v questions due to dementia and antips on 6/08/2022 of her head which showe at was being treated for a urinary tract i ch brain function is disturbed due to ab dversely affect brain function). tt 11:40 a.m. the DON stated she was n n unknown date and time. The DON stat ling her out because she was on blood	sychotic medication. The RN stated d no abnormalities related to the fainfection and metabolic mormalities of water, electrolytes, notified of Resident #1's fall inciden ated she was informed Resident #1
	have a brain bleed. The DON state The DON stated on 6/09/2022 she statement. The DON stated after sp transferring and she suspended NA	d on 6/08/2022 a state surveyor was ir looked through fall reports again and a beaking with NA A she gave the aide a A A because she had not finished her ir efore commenting further. The DON st	n the facility which changed her day asked NA A to come give a training on positioning and nvestigation. The DON stated she
	new information as of 6/09/2022 th Agency (HHSC). The DON stated t a conclusion that something wasn't boss, tell them what was found and HHSC reporting guidelines stated t	It 2:23 p.m., the DON stated in light of the facility would be reporting Resident # the facility policy stated she had 72 hour right, discuss with the Administrator and make a decision on reporting based of the facility had two hours to report this the facility had two hours to report the discharge and reported as soon as she discharge and so as a she discharge as a so as a she discharge as a she discharge as a so as a so as a she discharge as a so a so as a she discharge as a so a so a so a so a so a she discharge as a so	1's fall incident to the State Survey irs to review a fall incident, come to nd her boss and the Administrators on the findings. The DON stated fall incident with Resident #1. The
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Sundance Inn Health Center	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway New Braunfels, TX 78130	(X3) DATE SURVEY COMPLETED 06/10/2022 P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		IENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	information about Resident #1's fee information. She stated she did not documented it in Resident #1 nursi reason and that reason was becaus would review the information and cl and closed it within 24 hours of occ DON or the Administrator or any m after the incident and she had not b During an interview on 6/09/2022 a the side of the building in which Re everything on that side of the buildi Administrator and DON. ADON G s RN B came and told her Resident # her feet got caught under the whee hematoma (swelling and bruising) t the same night at approximately 10 incident, did not review Resident #' morning meeting the next day on 6 the facility and the Administrator an Administrator nor the DON came ba ADON G stated as of the date and change of condition forms or anythic chart. ADON G stated she did not r She stated since she was new to th ADON G stated she didn't know wh G stated she did discuss with LVN first on the day of the incident (6/06 Administrator because it was hears reported because she had worked	t 5: 23 p.m. RN B stated when she noti tt getting stuck under the wheelchair, s notify the DON after she learned this in ng progress notes. RN B stated she pu se the DON does an assessment after ose the incident. RN B stated the DON urrence. RN B stated as of the date an ember of the management team had as eeen asked to write a witness statement t 4:16 p.m. ADON G stated she was th sident #1 resided. She stated her job d ng and reporting any abuse/neglect co tated she was on a break on 6/06/2022 f1 fell . ADON G stated RN B said NA / Ichair causing her to fall and hit her her o her forehead and was sent to a local :00 p.m. ADON G stated she did not pu l's nurses notes or medical record the 1 (07/2022, but the incident was not discid d DON left the meeting to talk to her. A ack to the meeting, so another staff me time of this interview she had not revie ng related to the fall incident. She state eview the incident because she was st te ADON position she did not know whi at her responsibility was and what she E, NA A's comment I guess I could hav //2022). She stated she did not report tt ay. ADON G stated she did not never se om the management team had asked h e a witness statement.	o she did not tell the DON that nformation because she it the details in the note for a a fall occurs. RN B stated the DON I typically reviewed a fall incident d time of this interview neither the sked her what occurred during or it. e Assistant Director of Nurses for uties included overseeing ncerns for allegations directly to the 2 at approximately 7:00 p.m. when A was pushing the resident when ad. She stated Resident #1 had a ER but came back to the facility rovide any oversite to the fall next day. She stated she did go to ussed because the RP arrived at ADON G stated neither the mber dismissed the meeting. wed Resident #1's nursing notes, ed, I have not even looked at her uck on the floor training new staff. at her job responsibilities entailed. should leave for the DON. ADON ve pulled her back in the wheelchair he comment to the DON or the ny concerns that needed to be then her do anything to harm a

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	676472	A. Building B. Wing	06/10/2022
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway	P CODE
		New Braunfels, TX 78130	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	during meetings the next day. He s The Administrator stated the DON I notify her of the incident. The Admi 6/06/2022. He stated the first he he Resident #1 had a fall. He stated he her head on carpet when she fell for brain bleed. He stated this occurred RP arrived at the facility. The Admin meeting. The Administrator stated th days later the DON will ask him to I on 6/09/2022 and the document wa was not able to answer the question would need to review the facility por review because NA A was off the s stated she wished she would have neglect, but it suggested we failed the normally the DON would start the in The Administrator stated ne was the abuse/neglect to staff and encourage Administrator stated on 6/09/2022 af fall incident was reported after the in neglect should be reported within a Record review of a facility policy, tit Report must be completed immedia accident/incident involving a Patien a month must be signed by the Exe 2. A witness statement must be cor serves as the Abuse Prevention Coc Nursing or designee will fulfill the d or actual abuse is identified, the ab	at 12:45 p.m., the Administrator stated tated the DON was responsible for revi- had the ability to pull records, to look at nistrator stated he was not notified of F eard of it was the following day, 6/07/20 e asked if she had an injury, and some orward and was to the ER because she d during morning meeting, which was ir nistrator stated Resident #1's fall incide the DON looks at fall incidents every da ock the incident document. The Admin as reviewed and locked today (6/10/202 n about time frame for reviewing and loc hedule and a surveyor was in the facil done things differently, The Administra to do something which caused an injury nvestigation right away, but the facility the facility's Abuse Coordinator. He state ged staff to report things so he could as after speaking with NA A, the facility dis new information was discovered. The A couple of hours of occurrence.	iewing fall incidents and accidents. It lists and sometimes staff will Resident #1's fall incident on I22. He stated he was notified that one (unknown staff) stated she hit was on blood thinners to rule out a interrupted because Resident #1's ent was discussed during the ay. The Administrator stated a few istrator stated the DON did her part 22). The Administrator stated he bocking the documents because he ent took longer than typical to lity. The Administrator stated NA A tor stated he was not saying it was y. The Administrator stated thought it was just a freak accident. If he provided in-services on seess the situation. The scovered new information and the dministrator stated an incident of 6 revealed 1. An Accident/Incident a of the occurrence of an a accident/incident occurring during within 48 hours of the occurrence. dent. 14. The Executive Director tive Director, the Director of ator. When an allegation of abuse . Accidents/Incidents must be

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	676472	B. Wing	06/10/2022	
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZII 2034 Sundance Parkway New Braunfels, TX 78130	P CODE	
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG			CIENCIES full regulatory or LSC identifying information)	
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure all alleged violations involvi unknown source and misappropriat hours after allegation is made, if the injury, or not later than 24 hours if t in serious bodily injury, to the Exect Agency and adult protective service accordance with State law through the facility staff has reason to believe the Execute Director or the Director immediately contact DADS [State S Record review of a facility policy, tit Coordinator will a. Immediately (wit (DADS) [State Survey Agency/HHS required under applicable regulation suspicion of serious bodily injury im	led Abuse Protocol dated April 2019 re hin 2 hours) report to The Department GC] and other appropriate authorities' in hs and regulatory guidance. Report eve mediately (within 2 hours) after forming ADS) and other appropriate authorities	eatment, including injuries of mediately, but no later than 2 ve abuse or result in serious bodily not involve abuse or do not result cials (Including State Survey tion in long term care facilities) in urrence of an accident/incident that le, staff must immediately contact Director of Nursing must evealed: The Abuse Prevention of Aging and Disability Services incidents of patient abuse as ents that cause reasonable g the suspicion to The Department	

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NAME OF PROVIDER OR SUPPLI	FD	STREET ADDRESS, CITY, STATE, ZI	PCODE
Sundance Inn Health Center		2034 Sundance Parkway	
		New Braunfels, TX 78130	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	ion)
F 0610	Respond appropriately to all alleged violations.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 38511
Residents Affected - Few	exploitation, or misappropriation of	ew, the facility failed to ensure that all property were thoroughly investigated appropriation while the investigation wa and neglect, in that:	in order to prevent further potential
	The facility failed to immediately and thoroughly investigate an incident when Resident #1 fell face first from the wheelchair hitting her head and face on the ground which required emergency evaluation at a hospital.		
	This failure could place residents at risk for not having allegations of neglect investigated in a timely manner.		
	The findings were:		
	[DATE] with diagnoses which include dementia without behavioral disturb the brain resulting in problems with	e sheet dated [DATE] revealed an [AG ded: cerebral infarction (stroke). Gener bance (a condition caused by lack of bl reasoning, planning, judgment, and m t condition with irregular heartbeat).	alized muscle weakness, vascular ood that carries oxygen to parts of
	Record review of Resident #1's Care Plan dated [DATE] revealed the resident was at risk for falls related to impaired cognition and a history of repeated falls, impaired vision and hearing .with interventions which included: assess reason for fall, staff education on proper positioning in the chair.		
	Record review of Resident #1's quarterly assessment dated [DATE] revealed a BIMs of 5 (scale of , d+[DATE]) which indicated a severe cognitive impairment.		
	Record review of Resident #1's quarterly assessment dated [DATE] revealed Resident #1 was unable to ambulate (walk) and required extensive assistance of staff to transfer, change position and move around the facility in a wheelchair.		
	A, resident was sitting in wheelchai the ground and got stuck under the or discomfort noted, vital signs stat	rsing progress notes dated [DATE] at 6 ir being pushed into bedroom by NA A. e chair: as stated by NA. Resident hit he ble, resident does have carpet burn not prehead. Notified NP, RP, and DON .ou 6:45 p.m.Documented by RN B.	Residents feet were not lifted off er forehead on the ground. No pain ed to forehead with increased
	(continued on next page)		

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	676472	B. Wing	06/10/2022
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by Record review of an accident/incide chair on [DATE] at 6:00 p.m. when Resident #1's feet were not lifted of on the ground .carpet burn noted to hospital emergency room for evalua contusions/hematoma, head involve Record review of Resident #'1 hosp and cervical spine which indicated to forehead) frontal scalp edema and blood vessels typically caused by tr inside the brain). During an interview on [DATE] at 3 (unknown staff) that Resident #1 we		dent #1 had a witnessed fall from bushed into bedroom by NA A. hair. Resident #1 hit her forehead sident #1 was sent to a local rimary injury was listed as nt on [DATE] at 6:20 p.m. by RN B. results of a CT scan of the head (left of midline or left side of illection of blood outside of the or intracranial change (changes on [DATE] she received in report ATE] during the evening shift when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 06/10/2022
	070472	B. Wing	00/10/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Sundance Inn Health Center		2034 Sundance Parkway New Braunfels, TX 78130	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was self-propelling (using her feet the A stated Resident #1 was not very she needed to change Resident #1 the wheelchair. NA A stated she to forward. NA A stated she did not we respond. NA A stated Resident #1 the back against the backrest. NA A widths away from the back of the we didn't and when we turned the corruf fell forward. She stated her feet we Resident #1's shirt, but it happened the carpeted floor. NA A stated it has stop or break the fall. NA A stated when the stop or break the fall. NA A stated when the stop or break the fall. NA A stated it has stop or break the fall. NA A stated it has stop or break the fall. NA A stated when the ambulance took her out of feet up while the wheelchair was mestated she did not use footrests been she normally self-propels, and she her back in her seat and this would my patients it was an accident and ADON, identified as LVN E who as when the ambulance took her out owrite a witness stated she comple of in-service trainings but could not resident movement training that ad addressing pushing wheelchairs or participate in any trainings since Reference of the facility management [DATE] she was sitting in her office office to talk. LVN E stated Resident #1 member of the facility management for the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi with her? LVN E stated NA stated Resident #1 on the floor on her left side just insi with her? LVN E stated NA stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 member of her stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi with her? LVN E stated Resident #1 on the floor on her left side just insi the stated Resident #1 on t	16 p.m. NA A stated on [DATE] at app o move herself in the wheelchair) down far from her bedroom, approximately ,o 's brief, so she decided to push the res d Resident #1 let's go change you and ait for the resident to respond to her be was sitting forward on the seat of the w A stated Resident #1's buttock and bac heelchair. NA A stated, I should have p er her feet got stuck underneath the wh nt under the seat and she fell forward. I so quick. NA A stated Resident #1 fell appened so quick that Resident #1 set cause Resident #1 does not have footen needs them off the chair to be mobile. not have happened, I know better thar it happened so quick. NA A stated Resid of the facility. NA A stated no one from n ated on [DATE] the DON asked her wha dd stated in this interview. NA A stated ted new orientation competencies and ' remember what the trainings covered. dress patient positioning, but she had r wheelchair safety. NA A stated she has esident #1's fall incident. 155 p.m. LVN E stated she was the faci t team and a former ADON (as of [DAT at approximately 6:00 p.m. LVN E stated the flacility. NE stated she heard NA A f1 respond, yes. LVN E stated she look hair towards her room. LVN E stated the doorway to her room. LVN E stated d, Yes, but I could not catch her. LVN E nt #1 who had dementia would often sa end the doorway to her room. LVN E stated the the doorway to her room. LVN E stated the the doorway to her room. LVN E stated the doorway to her room. LVN E stated the the doorway to her room. LVN E stated the doorway to her room. LVN E stated the doorway to her room. LVN E stated the doorwa	In the hallway toward her room. NA H-[DATE] doorway. NA A stated ident the remainder of the way in began pushing the wheelchair cause the resident did not normally theelchair and was not sitting with k were approximately 3 finger bulled her back in the chair, but I heelchair. NA A stated Resident #1 NA A stated she tried to grab I forward and hit her forehead on a not able to put her arms out to the resident was unable to hold her ept going up and down. NA A ests on the wheelchair because NA A stated, I should have pulled in that. I go above and beyond for all r Resident #1 fell she notified the den t#1 stated she was okay even management had asked her to at had happened. NA A stated she after speaking to the DON she was training and had participated in a not had any training specifically d not been asked to complete or litites Infection Preventionist and a E]) for the facility. LVN E stated on ted Resident #1 peaked into her y hi and them move along the A if she wanted or needed to go to ted up and saw the back of NA A ickly after observing, NA A came ived at the resident, she was lying ated she asked NA A Weren't you E stated she asked NA A what

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2022
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway New Braunfels, TX 78130	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or During an interview on [DATE] at 5:25 p.m. RN B stated on [DATE] at an unknown time near charshe was notified by LVN E that Resident #1 had fallen. RN B stated Resident #1 was still on the she arrived. She stated Resident #1 denied pain but had carpet burn and swelling to her forehear EMS arrived at the facility. RN B stated she did not witness the incident, but asked NA A what har B stated, NA A said she was wheeling the resident to her room when Resident #1 fell forward he hit her head on the floor, immediately inside the resident room. RN B stated she notified ADON C DON of the incident on [DATE] (unknown time).		
	hospital in an adjacent city. Reside Resident #1 was observed with a la several small, scabbed areas and o	[DATE] at 8:30 a.m., Resident #1 was nt #1 had her eyes closed and did not arge bruise and swelling to her forehea one large approximately 4 cm x 2 cm al swelling to both eyes and a small amon	open her eyes or respond to voice d, midline and to the left, with brasion/open area to her forehead.
	was unable to answer interview que Resident #1 had repeat CT scans of incident. The RN stated the resider	:44 a.m. with a RN at the hospital revea estions due to dementia and antipsycho on [DATE] of her head which showed n it was being treated for a urinary tract i ch brain function is disturbed due to ab dversely affect brain function).	otic medication. The RN stated o abnormalities related to the fall nfection and metabolic
	by an unknown staff member on ar hit her head and the staff was send have a brain bleed. The DON state DON stated, the Administrator and extremely distraught because she h feeling well and now her family men left in this world. The DON stated th wanted Resident #1 transported to RP wanted to know what happened as she knew it was a fall. She said The DON stated she had other issu in the facility which changed her da asked NA A to come give a statemen training on positioning and transfer investigation. The DON stated she	1:40 a.m. the DON stated she was not in unknown date and time. The DON sta- ling her out because she was on blood d on [DATE] Resident #1's RP came to herself spoke with the RP. The DON s- had another elderly relative who had di mber had fallen. The DON stated the R- hey went over the CT scan results whic a hospital in an adjacent city for a second to her family member. The DON states she told the RP she would look into it a uses at the facility on [DATE] to address by. The DON stated after speaking with ring and she suspended NA A because needed to finish her investigation befor ent #1's medical records at the time of	atted she was informed Resident #1 thinners to make sure she didn't to the facility and was upset. The tated the RP was crying and ed, she herself had not been RP kept saying She is all that I have the were negative, but the RP still ond opinion. The DON stated the ed she informed the RP that as far and get back in contact with her. On [DATE] a state surveyor was ked through fall reports again and th NA A she gave the aide a e she had not finished her re commenting further. The DON
	review a fall incident, come to a con	:23 p.m., the DON stated the facility ponclusion that something wasn't right, diss, tell them what was found and make	scuss with the Administrator and
	(continued on next page)		

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	070472	B. Wing	00/10/2022
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway New Braunfels, TX 78130	P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)	
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	incident on [DATE] by talking to the the hospital. The DON stated there attention that were unrelated to this incident on [DATE]. The DON state system and made sure there were included neuro checks, therapy scru- stated she was not there yet to disc sated she was not there yet to disc sated she was just worried about in did not complete any other tasks to [DATE] she asked NA A to come to suspended NA A pending the outco Administrator regarding NA A's stat completed for the investigation. She During an interview on [DATE] at 52 information about Resident #1's fee information. She stated she did not documented it in Resident #1 nursii reason and that reason was becaus would review the information and cl and closed it within 24 hours of occ DON or the Administrator or any more	50 p.m., the DON stated she began the a RP, following up on CT scan results a were multiple of things that happened incident. She stated she did not do an d on [DATE] she reviewed the incident interventions of Resident #1's care plar eening, CT scan, monitor for latent brui- cuss interventions to keep similar incide investigate Resident #1's fall incident of the facility to give a statement. The DO ome on the investigation. She stated sh- tement of the incident. The DON stated a stated the investigation was still in pro- cuss inderventions to keep similar incident a stated the investigation was still in pro- cuss interventions to keep similar incident a stated the investigation was still in pro- cuss intervent of the incident. The DON stated a stated the investigation was still in pro- cuss notify the DON after she learned this in ing progress notes. RN B stated she pu se the DON does an assessment after lose the incident. RN B stated the DON surrence. RN B stated as of the date an ember of the management team had as been asked to write a witness statement intervent a witness statement in the management team had as the management tea	nd getting the resident settled at at the facility that required her ything else to investigate the report for the fall in the computer h. She stated those interventions ising and send to the ER. The DON ents from happening again. She esident #1. The DON stated she on [DATE]. The DON stated on DN stated at that time she the them spoke with the that was all that she had ogress. d the DON, she did not have the o she did not tell the DON that information because she t the details in the note for a a fall occurs. RN B stated the DON I typically reviewed a fall incident d time of this interview neither the sked her what occurred during or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Sundance Inn Health Center	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 676472 NAME OF PROVIDER OR SUPPLIER		(X3) DATE SURVEY COMPLETED 06/10/2022 P CODE
For information on the nursing home's	plan to correct this deficiency, please con	New Braunfels, TX 78130	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	side of the building in which Reside on that side of the building and rep Administrator and DON. ADON G s B came and told her Resident #1 fe feet got caught under the wheelcha hematoma (swelling and bruising) the same night at approximately 10 incident, did not review Resident # morning meeting the next day on [I facility and the Administrator and D Administrator nor the DON came b ADON G stated as of the date and change of condition forms or anyth chart. ADON G stated she did not n She stated since she was new to th ADON G stated she did discuss with LVN first on the day of the incident ([DA Administrator because it was hears reported because she had worked resident. ADON G stated no one fm and she had not been asked to wri During an interview on [DATE] at 1 meetings the next day. He stated th Administrator stated the DON had of the incident. The Administrator s stated the first he heard of it was th fall. He stated he asked if she had when she fell forward and was to th stated this occurred during morning facility. The Administrator stated R Administrator stated the DON looks DON will ask him to lock the incide and the document was reviewed ar answer the question about time fra review the facility policy. The Admin A was off the schedule and a surve she would have done things differe suggested we [the facility] failed to the DON would start the investigati Administrator stated he was the faci	:16 p.m. ADON G stated she was the A ent #1 resided. She stated her job dutie orting any abuse/neglect concerns for a stated she was on a break on [DATE] a ell. ADON G stated RN B said NA A was are causing her to fall and hit her head. So her forehead and was sent to a local 2000 p.m. ADON G stated she did not p 1's nurses notes or medical record the DATE], but the incident was not discuss ON left the meeting, so another staff meeting related to the fall incident. She state review the incident because she was state ADON position she did not know what her responsibility was and what she E, NA A's comment I guess I could have TE]). She stated she did not report the say. ADON G stated she did not have a with NA A for a while and had never second the management team had asked here a witness statement. 2:45 p.m., the Administrator stated all for eDON was responsible for reviewing the ability to pull records, to look at lists tated he was not notified of Resident # here following day, [DATE]. He stated here an injury, and someone (unknown staff ne ER because she was on blood thinn g meeting, which was interrupted becauses at fall incidents every day. The Administrator stated ne docked today ([DATE]). The Administrator stated here was not notified stated here was not notified stated here was not not field be a with the facility. The Administrator stated here was not not field of Resident # here following day, [DATE]. He stated here an injury, and someone (unknown staff ne ER because she was on blood thinn g meeting, which was interrupted becauses at fall incidents every day. The Administrator stated here an injury, the Administrator stated here was report this stated the was not a stated here was not docking the docurn instrator stated this incident took longer and state state the state the state took longer and state state the state took longer and state state the state the state took longer and state state the state the state the state the state the state the state there state the state the state the state	es included overseeing everything allegations directly to the it approximately 7:00 p.m. when RN as pushing the resident when her She stated Resident #1 had a ER but came back to the facility rovide any oversite to the fall next day. She stated she did go to sed because the RP arrived at the DN G stated neither the ember dismissed the meeting. wed Resident #1's nursing notes, ed, I have not even looked at her tuck on the floor training new staff. at her job responsibilities entailed. e should leave for the DON. ADON ve pulled her back in the wheelchair comment to the DON or the inty concerns that needed to be een her do anything to harm a ner what had occurred on [DATE] fall incidents were discussed during fall incidents and accidents. The s and sometimes staff will notify her t1's fall incident on [DATE]. He was notified that Resident #1 had a f) stated she hit her head on carpet ers to rule out a brain bleed. He use Resident #1's RP arrived at the I during the meeting. The istrator stated a few days later the the DON did her part on [DATE] trator stated he was not able to nents because he would need to r than typical to review because NA or stated NA A stated she wished not saying it was neglect, but it The Administrator stated normally was just a freak accident. The e provided in-services on

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Report must be completed immedia accident/incident involving a Patien stand-up meeting until all sections of accident/incident occurring during a within 48 hours of the occurrence. A accident/incident. 14. The Executive the Executive Director, the Director Coordinator. When an allegation of implemented. The Abuse Prevention thorough investigation of all patient recurrence. Record review of a facility policy, tit Coordinator will a. Immediately (wit (DADS) [State Survey Agency/HHS thorough investigation of each incident	led Accidents/Incidents dated [DATE] r ately upon facility staff becoming aware t . Each Accident/Incident Report must of the report are complete. Each Accide a month must be signed by the Executiv 2. A witness statement must be comple e Director serves as the Abuse Preven of Nursing or designee will fulfill the du abuse or actual abuse is identified, the n Coordinator must complete a patient s involved. In addition, a plan of action led Abuse Protocol dated [DATE] revea hin 2 hours) report to The Department 6C] .c. Conduct and document on a Pat lent of Patient Abuse, neglect, exploital s of all patients involved, interview of al relevant physical findings.	of the occurrence of an be reviewed at the facility's daily ent/Incident Report for an ve Director and Director of Nursing ted at the time of the tion Coordinator. In the absence of tites of the Abuse Prevention e abuse protocol must be abuse investigation and conduct a must be implemented to prevent aled: The Abuse Prevention of Aging and Disability Services tient Abuse Investigation a tion or mistreatment to include:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Sundance Inn Health Center		2034 Sundance Parkway New Braunfels, TX 78130		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)	
F 0689 Level of Harm - Actual harm Residents Affected - Few	accidents. **NOTE- TERMS IN BRACKETS H	Free from accident hazards and provid	ONFIDENTIALITY** 38511	
	Based on observation, interviews, and record reviews, the facility failed to ensure each resident received adequate supervision and assistive devices for 1 of 4 Residents (Resident #1) reviewed for accidents and hazards, in that: NA A failed to adequately supervise Resident #1 when she pushed her in the wheelchair which resulted in Resident #1 falling face first onto the ground hitting her face and head and requiring a trip to the emergency room for evaluation.			
	This failure could place residents at risk of harm or injury and contribute to avoidable accidents. The findings were:			
	[DATE] with diagnoses which include dementia without behavioral disturb the brain resulting in problems with	e sheet dated [DATE] revealed an [AG ded: cerebral infarction (stroke). Gener bance (a condition caused by lack of bl reasoning, planning, judgment and mo t condition with irregular heartbeat).	alized muscle weakness, vascular ood that carries oxygen to parts of	
	Record review of Resident #1's physician orders dated [DATE] revealed an order for Eliquis (a blood thinner) 5 mg tablet two times a day for treatment of atrial fibrillation (a heart condition).			
		re Plan dated [DATE] revealed the resination of the result of the resu		
	Record review of Resident #1's Care Plan dated [DATE] revealed the resident was at risk for falls related to impaired cognition and a history of repeated falls, impaired vision and hearing .with interventions which included: assess reason for fall, staff education on proper positioning in the chair.			
	Record review of Resident #1's quarterly assessment dated [DATE] revealed a BIMs of 5 (scale of , d+[DATE]) which indicated a severe cognitive impairment.			
		Record review of Resident #1's quarterly assessment dated [DATE] revealed Resident #1 was unable to ambulate (walk) and required extensive assistance of staff to transfer, change position and move around the acility in a wheelchair.		
	Record review of Resident #1's quarterly assessment dated [DATE] revealed Resident #1 was not steady and was only able to stabilize with staff assistance with balance during transitions.			
	Record review of Resident #1's quarterly assessment dated [DATE] revealed Resident #1 had a history of two or more falls since admission.			
	(continued on next page)			

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		2034 Sundance Parkway	
Sundance Inn Health Center		New Braunfels, TX 78130	
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(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Record review of Resident #1's nursing progress notes dated [DATE] at 6:00 p.m. revealed: Reported by NA A, resident was sitting in wheelchair being pushed into bedroom by NA A. Residents feet were not lifted off the ground and got stuck under the chair: as stated by NA. Resident hit her forehead on the ground. No pain or discomfort noted, vital signs stable, resident does have carpet burn noted to forehead with increased swelling. Ice placed on resident's forehead. Notified NP, RP, and DON .orders to send out resident for a CT. Resident sent out of the building at 6:45 p.m.Documented by RN B.		
	chair on [DATE] at 6:00 p.m. when Resident #1's feet were not lifted of on the ground .carpet burn noted to hospital emergency room for evalua	ent report dated [DATE] revealed Resid Resident #1 was sitting in wheelchair p if the ground and got stuck under the c o forehead with increased swelling. Res ation and treatment at 6:45 p.m. The p ed. The DON was notified of the incide	oushed into bedroom by NA A. hair. Resident #1 hit her forehead sident #1 was sent to a local rimary injury was listed as
	Record review of Resident #1 hospital record dated [DATE] revealed the results of a CT scan of the hear and cervical spine which indicated the resident had small left para midline (left of midline or left side of forehead) frontal scalp edema and hematoma (swelling and bruising or collection of blood outside of the blood vessels typically caused by trauma) without fracture (break in bone) or intracranial change (change inside the brain).		
	returned from the local hospital ale	sing progress notes dated [DATE] at 1 t/confused to place, time per usual. At imits) .no new orders received. Docum	prasion to forehead open to air,
	(Responsible Party) here in facility	sing progress notes dated [DATE] at 9 to follow up post fall from yesterday ev known to staff .family requests to send LVN C.	ening. Resident denies discomfort.
	(unknown staff) that Resident #1 w. she fell forward. LVN C stated she fall occurred. LVN C stated Residen soon as she saw Resident #1, she and was complaining of a little head presented as her normal appearanc changes. LVN C stated Resident # RP spoke to several staff members stated the RP requested Resident #	43 p.m. LVN C stated on the morning as being pushed in a wheelchair on [D. did not know who was pushing Reside nt #1's RP arrived at the facility on [DA became upset. LVN C stated Resident dache. LVN C stated she performed ar ce, with normal cognition for the reside 1 had normal vital signs and ate some (unknown) who told her Resident #1's #1 go to another hospital in an adjacen family's request and Resident #1 was s	ATE] during the evening shift when nt #1 in the wheelchair when the TE] shortly after 8:00 a.m. and as #1 had a bump on her forehead a assessment on the resident who nt at baseline with no acute of her breakfast. LVN C stated the CT exam was normal. LVN C t city for a second opinion. LVN C
	(continued on next page)		

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	676472	B. Wing	06/10/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZII 2034 Sundance Parkway	P CODE
Sundance Inn Health Center		New Braunfels, TX 78130	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0689		16 p.m. NA A stated on [DATE] at app o move herself in the wheelchair) dowr	
Level of Harm - Actual harm	A stated Resident #1 was not very	far from her bedroom, approximately ,d	+[DATE] doorway. NA A stated
Residents Affected - Few	she needed to change Resident #1 the wheelchair. NA A stated she tol forward. NA A stated she did not we respond. NA A stated Resident #1 her back against the backrest. NA A widths away from the back of the w didn't and when we turned the corn fell forward. She stated her feet we Resident #1's shirt, but it happened the carpeted floor. NA A stated it ha stop or break the fall. NA A stated it ha stop or break the fall. NA A stated w feet up while the wheelchair was m stated she did not use footrests bed she normally self-propels, and she her back in her seat and this would my patients it was an accident and ADON, identified as LVN E who as: when the ambulance took her out o write a witness statement. NA A state told the DON the same thing she to sent home. She stated she complet of in-service trainings but could not resident movement training that additional states and the additional states and the additional states and the additional states and the states and the additional states and the states and the additional states addit	's brief, so she decided to push the resident so she decided to push the resident #1 let's go change you and ait for the resident to respond to her be was sitting forward on the seat of the w A stated Resident #1's buttock and bac heelchair. NA A stated, I should have per her feet got stuck underneath the what under the seat and she fell forward. I so quick. NA A stated Resident #1 fell appened so quick that Resident #1's feet ke cause Resident #1 does not have footre needs them off the chair to be mobile. I not have happened, I know better than it happened so quick. NA A stated Resident #1 set for the cause the resident. NA A stated Resident #1 does not have happened, I know better than it happened so quick. NA A stated Resident for the facility. NA A stated no one from ruted on [DATE] the DON asked her what de them orientation competencies and remember what the trainings covered. dress patient positioning, but she had n wheelchair safety. NA A stated she ha	ident the remainder of the way in began pushing the wheelchair acause the resident did not normally wheelchair and was not sitting with the were approximately 3 finger bulled her back in the chair, but I heelchair. NA A stated Resident #1 NA A stated she tried to grab I forward and hit her forehead on a not able to put her arms out to the resident was unable to hold her ept going up and down. NA A ests on the wheelchair because NA A stated, I should have pulled in that. I go above and beyond for all r Resident #1 fell she notified the dent #1 stated she was okay even management had asked her to at had happened. NA A stated she after speaking to the DON she was training and had participated in lots She stated had participated in a not had any training specifically

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(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	member of the facility management [DATE] she was sitting in her office office to talk. LVN E stated Resider hallway by self-propelling in her whe the bathroom and heard Resident # pushing Resident #1 in the wheelch and got her and stated Resident #1 on the floor on her left side just insi with her? LVN E stated NA A stated and obtained vitals and then notifie to her forehead and she said her he alert. RN B. LVN E stated she told thinner medication and had hit her Resident #1 put her feet down whill witnesses. LVN E stated she felt lik have communicated better with the LVN E stated Resident #1 tends to should have scooter her back in the time to finish self-propelling to her r instead of pushing her. LVN E state even if the resident did not go all th didn't hear NA A cue the resident b During an interview on [DATE] at 5 she was notified by LVN E that Res she arrived. She stated Resident # EMS arrived at the facility. RN B st B stated, NA A said she was wheel hit her head on the floor, immediate DON of the incident on [DATE] (uni notifications were complete. RN B st and was sent to the ER because sh the DON told her to call 911. During an observation/interview on hospital in an adjacent city. Reside Resident #1 was observed with a la several small, scabbed areas and o	 55 p.m. LVN E stated she was the facilit team and a former ADON (as of [DAT e at approximately 6:00 p.m. LVN E stated that #1 who had dementia would often sate elechair. LVN E stated she heard NA A #1 respond, yes. LVN E stated she look hair towards her room. LVN E stated que had a fall. LVN E stated when she arride the doorway to her room. LVN E stated que had a fall. LVN E stated when she arride the doorway to her room. LVN E stated que had a fall. LVN E stated when she arride the doorway to her room. LVN E stated que had a fall. LVN E stated when she arride the doorway to her room. LVN E stated que had a fall. LVN E stated when she arride the doorway to her room. LVN E stated que had the teasident #1's charge nurse, RN B stated and hurt, but she did not have any othe RN B to notify Resident #1's physician head. LVN E stated she asked NA A we e she was pushing her in the wheelcha te NA A could have handled the transporter resident. LVN E stated was important, come forward in the seat of the wheelch at the wheelchair. LVN E stated she also coroom and could have asked the resider and Resident #1 was close to her room vie way by herself, NA A should have cue effore the incident occurred. :25 p.m. RN B stated on [DATE] at an usident #1 had fallen. RN B stated Resident burn and a tated she did not witness the incident, b ling the resident to her room when Residely inside the resident room. RN B stated NA A did not stated, Resident #1 cognition was norm he was on anticoagulants medication as the #1 had her eyes closed and did not carge bruise and swelling to her forehear one large approximately 4 cm x 2 cm at swelling to both eyes and a small amount is the stated in the set of the shear and a small amount is the stated in the set of the shear and in the set of the shear and the set of the shear and the set of the shear and the set	E]) for the facility. LVN E stated on the Resident #1 peaked into her y hi and them move along the A if she wanted or needed to go to the up and saw the back of NA A aickly after observing, NA A came ived at the resident, she was lying the she asked NA A Weren't you E stated she assessed Resident #1 ated Resident #1 had an abrasion r complaints of pain and she was because Resident #1 was on blood hat happened and NA A stated ir. LVN E stated there were no ort of Resident #1 better. She could even for someone with dementia. thair when self-propelling and NA A uld have allowed Resident #1 the nt to follow her to the bathroom when the incident occurred and led the resident. LVN E stated she unknown time near change of shift, tent #1 was still on the floor when swelling to her forehead when ut asked NA A what happened. RN ident #1 fell forward headfirst and ad she notified ADON G and the tell her that until all the nal, with no changes in baseline is a precaution only. RN B stated observed in a hospital bed at open her eyes or respond to voice. d, midline and to the left, with orasion/open area to her forehead.

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NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZI 2034 Sundance Parkway New Braunfels, TX 78130	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on [DATE] at 8:44 a.m. with a RN at the hospital revealed Resident #1 had dementia an was unable to answer interview questions due to dementia and antipsychotic medication. The RN stated Resident #1 had repeat CT scans on [DATE] of her head which showed no abnormalities related to the fall incident. The RN stated the resident was being treated for a urinary tract infection and metabolic encephalopathy (a condition in which brain function is disturbed due to abnormalities of water, electrolytes, vitamins or other chemicals that adversely affect brain function).		
	by an unknown staff member on ar hit her head and the staff was send have a brain bleed. The DON state DON stated, the Administrator and extremely distraught because she h feeling well and now her family men left in this world. The DON stated th wanted Resident #1 transported to RP wanted to know what happened as she knew it was a fall. She said The DON stated she had other issu in the facility which changed her da asked NA A to come give a statem- training on positioning and transferr investigation. The DON stated as o that needed to be reiterated with st commenting further. The DON stated interview. The DON stated patient s stated she did not know what the fa would have to look into it, but staff feet out and if the resident could no positing in the wheelchair was impor During an interview on [DATE] at 5 information about Resident #1's feet information. She stated she did not documented it in Resident #1 nursi reason and that reason was becaus would review the information and c and closed it within 24 hours of occ DON or the Administrator or any m	1:40 a.m. the DON stated she was not a unknown date and time. The DON state ling her out because she was on blood d on [DATE] Resident #1's RP came to herself spoke with the RP. The DON s had another elderly relative who had di mber had fallen. The DON stated the R- ney went over the CT scan results whic a hospital in an adjacent city for a second to her family member. The DON stated she told the RP she would look into it a uses at the facility on [DATE] to address by. The DON stated after speaking wit ring and she suspended NA A because of [DATE] she would begin an on-going aff. The DON stated she needed to fini- ed she had not reviewed Resident #1's safety is always priority when transport should make sure residents were posit to hold their feet up, staff should use for ortant, so residents and staff did not ge : 23 p.m. RN B stated when she notifie et getting stuck under the wheelchair, s notify the DON after she learned this i ng progress notes. RN B stated she pu se the DON does an assessment after lose the incident. RN B stated the DON currence. RN B stated as of the date ar ember of the management team had a been asked to write a witness statemer ent with Resident #1.	ated she was informed Resident #1 thinners to make sure she didn't to the facility and was upset. The tated the RP was crying and ed , she herself had not been RP kept saying She is all that I have the were negative, but the RP still ond opinion. The DON stated the ed she informed the RP that as far and get back in contact with her. On [DATE] a state surveyor was ked through fall reports again and th NA A she gave the aide a e she had not finished her in-service about something she sh her investigation before medical records at the time of this ing a resident in a wheelchair. She or wheelchair use. She stated she ioned correctly, back on the chair, otrests. The DON stated proper t hurt. d the DON, she did not have the o she did not tell the DON that information because she at fall occurs. RN B stated the DON I typically reviewed a fall incident at time of this interview neither the sked her what occurred during or

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	676472	B. Wing	06/10/2022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)	
F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on [DATE] at 4 side of the building in which Reside on that side of the building and reput Administrator and DON. ADON G since and told her Resident #1 fe feet got caught under the wheelchat because Resident #1 was on Eliquit and bruising) to her forehead and we approximately 10:00 p.m. ADON G since she was new to the ADON pot stated she didn't know what her rese she did discuss with LVN E, NA A's the day of the incident ([DATE]). She because it was hearsay. ADON G since she was new to the ADON pot stated she didn't know what her rese she did discuss with LVN E, NA A's the day of the incident ([DATE]). She because it was hearsay. ADON G since she was near and the rese she had worked with NA A for a whe During an interview on [DATE] at 5 their legs during wheelchair movern leg rests should be used or alternation was not good mechanics. The DON staff training was geared most towar resident transfer and proper position wheelchair and proper positioning b by watching them change the resid how the resident and their skin look wheelchair use, short of the education was no specific competency for wh appropriately by observing. She stated a wheelchair has two br forward. The DON stated customizz The DON stated Resident #1 did not about it. The DON stated customizy The DON stated Resident #1 did not about it. The DON stated customizy the positioned in the wheelchair, she w	full regulatory or LSC identifying information and the second sec	Assistant Director of Nurses for the sincluded overseeing everything allegations directly to the t approximately 7:00 p.m. when RN as pushing the resident when her ADON G stated she was concerned at #1 had a hematoma (swelling the facility the same night at nt #1 cognitive status. She stated esponsibilities entailed. ADON G ave for the DON. ADON G stated her back in the wheelchair first on nt to the DON or the Administrator hat needed to be reported because g to harm a resident. aff to ask the residents to pick up unable to hold up their legs, then the training given to NA A was onitored staff for proper use of a tly. She stated she watches staff state of the resident rooms and monitoring program for proper ich included transfer training, there ured staff was using a wheelchair sed to be running down the hall. b back and a seat, and staff push it e they are specific to the resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)	
F 0689 Level of Harm - Actual harm Residents Affected - Few	meetings the next day. He stated th Administrator stated the DON had i of the incident. The Administrator s stated the first he heard of it was th fall. He stated he asked if she had when she fell forward and was to th stated this occurred during morning facility. The Administrator stated Re Administrator stated the DON looks interventions. The Administrator stated Administrator stated he was not sa caused an injury. The Administrator facility thought it was just a freak ad Record review of a safety informati Eliquis (a blood thinner) reviewed of and rarely may lead to death. This While taking Eliquis, you may bruis Record review of a facility policy, til revealed: Assist patient into wheelo feet on footrests. Position feet and desired. Encourage and instruct pa Record review of a facility policy, til Report must be completed immedia accident/incident involving a Patier Accident/Incident Report must be r report are complete. Each Acciden	on on www.eliquis.bmscustomerconner on [DATE] revealed: Eliquis can cause I is because Eliquis is a blood thinner me e more easily, and it may take longer the ted Wheelchair-use of dated [DATE]. 2 chair, using proper transfer techniques. legs in good body alignment. Assist pa tient in proper procedures for safety pro- ted Accidents/Incidents dated [DATE] re- tately upon facility staff becoming aware it and, if necessary, the patients Care F eviewed at the facility's daily stand-up re- t/Incident Report for an accident/inciden r and Director of Nursing within 48 hour	fall incidents and accidents. The s and sometimes staff will notify her 1's fall incident on [DATE]. He was notified that Resident #1 had a) stated she hit her head on carpet ers to rule out a brain bleed. He use Resident #1's RP arrived at the d uring the meeting. The akes recommendations for d have done things differently, The e failed to do something which the investigation right away, but the ct.com by the manufacturer of bleeding, which can be serious, edicine that reduces blood clotting. han usual for any bleeding to stop. 2006 and last revised ,d+[DATE] Lower footrests and place patient's tient to the area of the facility as opelling the wheelchair. revealed 1. An Accident/Incident e of the occurrence of an Plan must be updated. Each meeting until all sections of the nt occurring during a month must

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0726 Level of Harm - Minimal harm or potential for actual harm	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a wa that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511		
Residents Affected - Few	Based on interview and record review, the facility failed to ensure nurse aides were able to competency in skills and techniques necessary to care for residents' needs, as identified th assessments, and described in the plan of care for 1 of 4 residents (Resident #1) reviewed use, in that;		
	NA A failed to transport Resident #1 in a wheelchair in a safe manner, resulting in a fall incident for Resident #1.		
	This failure could place residents who use a wheelchair and place them at risk for injury.		
	The findings were:		
	[DATE] with diagnoses which include dementia without behavioral disturt the brain resulting in problems with	e sheet dated 06/08/2022 revealed an ded: cerebral infarction (stroke). Gener bance (a condition caused by lack of bl reasoning, planning, judgment and me t condition with irregular heartbeat).	alized muscle weakness, vascular ood that carries oxygen to parts of
	Record review of Resident #1's Care Plan dated 4/24/2021 revealed the resident had impaired cognition related to the diagnoses of vascular dementia with interventions which included: maintain consistent routine; introduce change slowly when possible to reduce confusion.		
	Record review of Resident #1's Care Plan dated 4/24/2021 revealed the resident was at risk for falls related to impaired cognition and a history of repeated falls, impaired vision and hearing .with interventions which included: assess reason for fall, staff education on proper positioning in the chair.		
	Record review of Resident #1's qua which indicated a severe cognitive	arterly assessment dated [DATE] revea impairment.	eled a BIMs of 5 (scale of 0-15)
		arterly assessment dated [DATE] of the o ambulate (walk) and required extens the facility in a wheelchair.	
	NA A, resident was sitting in wheel off the ground and got stuck under pain or discomfort noted, vital signs	rsing progress notes dated 06/06/2022 chair being pushed into bedroom by N/ the chair: as stated by NA. Resident hi s stable, resident does have carpet bur orehead. Notified NP, RP, and DON .or 6:45 p.m.Documented by RN B.	A A. Residents feet were not lifted t her forehead on the ground. No n noted to forehead with increased
	(continued on next page)		

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	Sundance Inn Health Center 2034 Sundance Parkway New Braunfels, TX 78130		
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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of an accident/incide chair on 6/06/2022 at 6:00 p.m. wh Resident #1's feet were not lifted of on the ground .carpet burn noted to hospital emergency room for evalua contusions/hematoma, head involv B. Record review of Resident #1 hosp and cervical spine which indicated forehead) frontal scalp edema and blood vessels typically caused by the inside the brain). During an interview on 6/08/2022 a report (unknown staff) that Resider shift when she fell forward. LVN C	full regulatory or LSC identifying informat ent report dated 6/06/2022 revealed Re en Resident #1 was sitting in wheelcha ff the ground and got stuck under the co o forehead with increased swelling. Re ation and treatment at 6:45 p.m. The p ed. The DON was notified of the incide bital record dated 6/06/2022 revealed to the resident had small left para midline hematoma (swelling and bruising or co rauma) without fracture (break in bone at 3:43 p.m. LVN C stated on the mornin at #1 was being pushed in a wheelchai stated she did not know who was pushed ad Resident #1 had a bump on her fore	esident #1 had a witnessed fall from air pushed into bedroom by NA A. shair. Resident #1 hit her forehead sident #1 was sent to a local rimary injury was listed as ent on 6/06/2022 at 6:20 p.m. by RN he results of a CT scan of the head e (left of midline or left side of ollection of blood outside of the) or intracranial change (changes ng on 6/07/2022 she received in r on 6/06/2022 during the evening ing Resident #1 in the wheelchair

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(X4) ID PREFIX TAG) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 was self-propelling (us her room. NA A stated Resident #1 stated she needed to change Resid way in the wheelchair. NA A stated wheelchair forward. NA A stated sh not normally respond. NA A stated sitting with her back against the back finger widths away from the back or but I didn't and when we turned the Resident #1 fell forward. She stated to grab Resident #1's shirt, but it ha forehead on the carpeted floor. NA arms out to stop or break the fall. N unable to hold her feet up while the down. NA A stated she did not use because she normally self-propels, have pulled her back in her seat an beyond for all my patients it was an she notified the ADON, identified at was okay even when the ambulanc asked her to write a witness statem NA A stated she told the DON the st the DON she was sent home. She participated in lots of in-service trai participated in a resident movemen training specifically addressing pus	t 4:16 p.m. NA A stated on 6/06/2022 a ing her feet to move herself in the wher was not very far from her bedroom, ap lent #1's brief, so she decided to push she told Resident #1 let's go change y le did not wait for the resident to respor Resident #1 was sitting forward on the ckrest. NA A stated Resident #1's butd corner her feet got stuck underneath ti d her feet went under the seat and she appened so quick. NA A stated Resider A stated it happened so quick that Res A stated while pushing Resident #1 a wheelchair was moving. She stated R footrests because Resident #1 does no and she needs them off the chair to be d this would not have happened, I know accident and it happened so quick. Na s LVN E who assessed the resident. Na e took her out of the facility. NA A state of the sumpleted new orientation co nings but could not remember what the t training that address patient positionin hing wheelchairs or wheelchair safety. any trainings since Resident #1's fall in	elchair) down the hallway toward oproximately 2-3 doorway. NA A the resident the remainder of the rou and began pushing the nd to her because the resident did seat of the wheelchair and was not ock and back were approximately 3 have pulled her back in the chair, he wheelchair. NA A stated fell forward. NA A stated she tried nt #1 fell forward and hit her sident #1 was not able to put her she noticed the resident was esident #1's feet kept going up and ot have footrests on the wheelchair e mobile. NA A stated, I should w better than that. I go above and A A stated after Resident #1 fell A A stated Resident #1 stated she ed no one from management had N asked her what had happened. iew. NA A stated after speaking to competencies and training and had a trainings covered. She stated had ng, but she had not had any NA A stated she had not been

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	676472	A. Building B. Wing	06/10/2022			
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		New Braunfels, TX 78130				
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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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	New Braunfels, TX 78130 olan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES					

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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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	by an unknown staff member on ar hit her head and the staff was send have a brain bleed. The DON state 6/08/2022 a state surveyor was in t looked through fall reports again ar reviewed Resident #1's medical rec always priority when transporting a policies and procedures were for w make sure residents were positione their feet up, staff should use footre residents and staff did not get hurt. During an interview on 6/09/2022 a the side of the building in which Re everything on that side of the buildi Administrator and DON. ADON G s RN B came and told her Resident # her feet got caught under the whee During an interview on 6/09/2022 a their legs during wheelchair moven leg rests should be used or alternai was not good mechanics. The DON staff training was geared most towar resident transfer and proper positio for proper wheelchair use, short of training, there was no specific com a wheelchair appropriately by obse down the hall. She stated a wheelc and staff push it forward. The DON to the resident. The DON stated Re nothing special about it. Record review an in-service training. A had signed the attendance recorn behavior towards and around resid Record review of NA A competenci	t 11:40 a.m. the DON stated she was r o unknown date and time. The DON stating her out because she was on blood d she had other issues at the facility or he facility which changed her day. The d asked NA A to come give a statemet cords at the time of this interview. The L resident in a wheelchair. She stated sh heelchair use. She stated she would ha ed correctly, back on the chair, feet out ests. The DON stated proper positing in t 4:16 p.m. ADON G stated she was th sident #1 resided. She stated her job d ng and reporting any abuse/neglect co- tated she was on a break on 6/06/2022 eff fell. ADON G stated RN B said NA / Ichair causing her to fall and hit her her t 5:50 p.m. the DON stated she trains se tely another staff member could hold up stated there was no training specific t ards resident transfer. The DON stated ning in a chair. The DON stated she di the education staff received during orie petency for wheelchair use. The DON s trying. She stated it is wheelchair, staff hair has two brakes one on each side, stated customized wheelchairs require esident #1 did not have a customized w g record titled Sensitivity Training dated d for training which covered: definitions ents. es dated 12/29/2021 revealed there was wheelchair or transporting and/or positi	ted she was informed Resident #1 thinners to make sure she didn't of 6/07/2022 to address. On DON stated on 6/09/2022 she nt. The DON stated she had not DON stated patient safety was ne did not know what the facility's ave to look into it, but staff should and if the resident could not hold of the wheelchair was important, so e Assistant Director of Nurses for uties included overseeing neerns for allegations directly to the 2 at approximately 7:00 p.m. when A was pushing the resident when ad. staff to ask the residents to pick up unable to hold up their legs, then of the resident's legs, although it o proper use of a wheelchair. The the training given to NA A was d not have a monitoring program entation which included transfer stated she ensured staff was using are not supposed to be running handles on the back and a seat, e training because they are specific theelchair. She stated there was d 4/12/2022-4/13/2022 revealed NA of abuse, signs of abuse, and staff			

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F 0726 Level of Harm - Minimal harm or potential for actual harm	Record review of NA A training records revealed she had completed a training titled Preventing slips, Trips and Falls on 11/30/2021, Transferring-Mechanical Lifts on 12/31/2021 and Understanding Abuse and Neglect on 4/30/2022. There was no training that specifically addressed proper or safe use of a wheelchair or transporting and/or positioning of residents in a wheelchair.			
Residents Affected - Few	 Record review of a facility policy, titled Wheelchair-use of dated June 14. 2006 and last revised 07/2014 revealed: Assist patient into wheelchair, using proper transfer techniques. Lower footrests and place patient's feet on footrests. Position feet and legs in good body alignment. Assist patient to the area of the facility as desired. Encourage and instruct patient in proper procedures for safety propelling the wheelchair. Record review of a facility policy, titled Personnel dated November 2017 revealed: 8. The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure patient safety and attain or maintain the highest practicable physical, mental, psychosocial well-being of each patient, as determined by assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's patient population in accordance with the facility assessment. 			