STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455513	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lampasas Nursing and Rehabilitation Center	611 N Broad St Lampasas, TX 76550

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 - Minimal harm or potential for 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 observation, interview, and record review the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 (Resident #1) of 4 residents reviewed for accidents and hazards.The facility failed on 04/13/2026 to ensure Resident #1 received 2 person assist when transferred, by use of mechanical lift, when CNA A was observed on AEM operating the mechanical lift alone. This failure could place residents at risk for falls, or skin tears.Findings include: Review of Resident #1's comprehensive MDS assessment dated [DATE] reflected a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses including: non-traumatic brain dysfunction (brain injuries caused by internal factors rather than external physical trauma, leading to cognitive, physical, and emotional challenges), malnutrition (imbalance between the nutrients the body needs and the nutrients received), anxiety (temporary excessive worry or unease), depression (serious mood disorder characterized by persistent feelings of sadness, loss of interest, and a range of emotional and physical problems), stiffness of unspecified joint, adhesive capsulitis of shoulder (frozen shoulder, pain and stiffness in the should joint), senile degeneration of the brain. Resident #1's functional limitation in range of motion indicated she had impairment on both sides of her upper and lower extremities and utilized a wheelchair. Resident #1 was dependent on staff for eating, toileting, toilet transfer, bed-to-chair transfer, sit to lying, lying to sitting on side of bed. Resident #1's BIMS score was not conducted due to rarely/never being understood. Resident #1's staff assessment for mental status revealed short- and long-term memory problems and severely impaired cognitive skills for tasks of daily living. Review of Resident #1's comprehensive care plan dated 11/06/2025 reflected Resident #1's RP requested electronic monitoring. Interventions included: Educate resident/responsible party of their responsibility associated with electronic monitoring including reporting abuse/neglect within 14 days of viewing surveillance or being informed of abuse/neglect by a person(s) viewing video surveillance of what they believe to be abuse or neglect. Providing a copy of surveillance to facility administration as requested. A focus of impaired communication & risk for distress r/t nonverbal status dated 04/08/2026. A focus of being at risk for falls with interventions that included: mechanical lift with staff x2 to assist with transfers, staff x2 to assist with transfers dated 10/31/2025. Review of AEM dated 04/13/2026 at 7:12 PM, revealed a female staff member (CNA A) operating a mechanical lift by herself, transferring Resident #1 from the bed to the wheelchair, with no additional staff present throughout the transfer.In an observation/attempted interview on 04/15/2026 at 10:30am, Resident #1 was observed sitting upright in a geri chair in the dining room. She had a right-hand contracture, and had eye movements, but would not respond to verbal cues or questions. She appeared well groomed, appropriately dressed, and there was no foul odor near her.In an interview on 04/15/2026 at 2:27pm with Resident #1's RP, they stated that they thought 2 people were supposed to transfer the resident with a mechanical lift. They were afraid that with 1 person, Resident #1 could be dropped. In an interview on 04/15/2026 at 3:14pm with CNA A, she stated she had been working at the facility for 2 months. She stated that she received training from this facility before she started working on the floor. She stated that the training addressed how (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to properly use a mechanical lift, which included always using 2 operators. She stated that on 4/13/26 the family of Resident #1 had called the nurse's station and made a big deal about getting Resident #1 out of bed, and the other CNA was not on shift yet, and the nurse was busy, so, to honor the family's wishes, CNA A performed the transfer. She stated that she knew she was supposed to have someone helping, but the family of Resident #1 called the facility all the time, would talk to staff through the AEM, threatened to call police, and it made her nervous to do anything. She stated that 2 people were needed to operate the lift because she could drop that person, and using the lift by herself was not safe. She was last in-serviced on 04/14/2026 and the week prior on mechanical lifts. She stated she also got a verbal warning for the improper mechanical lift. In an interview on 04/15/2026 at 1:55pm with the ADON and DON they stated that the family of Resident #1 would talk through the AEM to staff during care, which made staff nervous that they would be talked to disrespectfully while they were providing care. The ADON stated that the family was verbally abusive, the facility would address concerns with the family, but they would bring new issues up regularly. The DON stated that she conducted an in-service on 4/8/2026, and she ensured all shifts received in-services. The DON stated that it took 2 people to use a mechanical lift to ensure safety and prevent falls. In an interview on 04/15/2026 at 3:56pm with the MDSC she stated that she was working as the charge nurse on 04/13/2026 and she saw Resident #1 in the dining room in her geri chair, and it made her wonder how the resident got in the dining room, because she knew CNA A was the only other staff present on Resident #1's hall. She was administering insulin's at the time and was unsure why CNA A did not ask her for help. She stated that there was a sign on the mechanical lift that told staff to use 2 people, and the sign had been there for a while. She stated that she did not write up CNA A, but she gave her a verbal counseling and told her not to make any transfers with a mechanical lift by herself. She stated that a negative outcome could be that a resident could receive a skin tear. Review of an in-service dated 04/08/2026 reflected a title of Gentle Resident Care & Proper Repositioning with material stating, safe handling (IMPORTANT) -Ask for help when needed-use 2-person assist. CNA A's signature was visible on the sign-in sheet.Review of an in-service dated 04/14/2026 and conducted by the ADON reflected a title of Safe Transfers Practices with material stating, All staff must follow the resident's current physician-ordered transfer method as outlined in the care plan. Under no circumstances may a transfer method be downgraded or altered without proper authorization from the interdisciplinary care team and a physician's order.1. Adherence to Transfer Ordersa. Residents with orders for mechanical lift (e.g., Hoyer lift) or sit-to-stand devices must always be transferred using the specified equipment.b. Staff are strictly prohibited from substituting manual transfers or less supportive methods for convenience or time-saving purposes.3. Family Requestsa. Family members and visitors do not have the authority to change or override transfer orders.CNA A's signature was visible on the sign-in sheet.