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	01/22/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASARR) Level I assessment accurately reflected the resident's status for 1 (Resident #1) of 3 residents reviewed for PASARR Level I screenings.The facility failed to ensure the PASARR Level 1 screening did not indicate a diagnosis of mental illness, Resident #1 had a diagnosis of bipolar disorder with an onset date of 09/17/2007.This failure could place residents who had a mental illness at risk of not receiving a needed assessment (PASARR Evaluation), individualized care, or specialized services to meet their needs.Findings included:Record review of Resident #1's face sheet, dated 01/22/2026, reflected he was a [AGE] year-old male, admitted to the facility on [DATE] with an initial admit date of 07/23/2007. Pertinent diagnoses included: bipolar disorder, unspecified (a mental disorder characterized by periods of depression and periods of abnormally elevated mood that each last from days to weeks), schizoaffective disorder, bipolar type (a mental health condition with symptoms of schizophrenia and a mood disorder), bipolar disorder, current episode manic without psychotic features, unspecified (a complex mood disorder characterized by episodes of mania, which can significantly impact an individual's functionality and quality of life), major depressive disorder, single episode, episode (an individual experiencing only one major depressive episode in their lifetime, with no history of previous depressive episodes)Record review of Resident #1's quarterly MDS assessment, dated 12/12/2025, reflected he had a BIMS score of 02, which indicated resident's cognition was severely impaired. The MDS assessment reflected Resident #1 was dependent on staff for toileting and bathing and required substantial/maximal assistance with personal hygiene.Record review of Resident #1's PASARR Level 1 Screening, dated 10/08/2019, reflected that Section C Mental Illness was marked as N/A, which indicated Resident #1 did not have a mental illness.Record review of Resident #1's care plan dated 03/07/25 reflected Resident #1 had a mood problem r/t to diagnosis of depression and schizoaffective disorder bipolar type.Goal: Resident will have improved mood state happier, calmer appearance, no s/sx of depression, anxiety or sadness through the review date.Interventions included Monitor/record/report to MD prn mood patterns s/sx of depression, anxiety, sad mood as per facility behavior monitoring protocols. Observe for signs and symptoms of risk for harm to self; suicidal plan, past attempt at suicide, risky actions, intentionally harmed or tried to harm self, refusing to eat or drink, refusing medication or therapy, sense of hopelessness, impaired judgement or safety awareness.In an interview and observation on 01/20/2026 at 11:28 AM, Resident #1 shook his head yes when asked if staff treated him good and took good care of him. He attempted to say something but could not determine what he stated. He shook his head no he had no concerns with staff or living at the facility.In an interview on 01/22/2026 at 2:30 p.m. DON stated the MDS nurse was responsible for ensuring the accuracy of PASRRs. She stated the facility process for identifying residents with a possible MD, ID, or a related condition prior to admission goes through the Business office manager, MDS Coordinator, Nurses, Administrator according to the workflow when they get the referrals. The facility identifies residents with newly evident or possible serious MD, ID, or a related condition after admission based on assessments and bringing providers that can assist (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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with them. DON stated she is not sure why he did not receive a PASSR II, but he has received all service he qualified for.In an interview on 01/22/2026 at 2:48 p.m., LVN A stated the facility process for identifying residents with a possible MD, ID, or a related condition prior to admission. They will look at the hospital clinical paperwork that is available. If they have the diagnosis, they will fill out the form 1012 to change and give it to the doctor letting them know there is a diagnosis. LVN A stated their electronic system SIMP notify the local authority, and they have 72 hours to come out and do the assessment to determine if, they are positive. She denied Resident #1 had a newly evident or possible MD, ID, or a related condition after admission because he dd not have an acute episode, but if he had, they would have referred him to in-house psych. If the residents go out because they cannot manage in house, they will send them to inpatient psych. LVN A denied a referral would not have been put in if he qualified. LVN A stated she has just been there for a couple of weeks, and she is trying to train the new MDS Coordinator and make sure everything is in order. Record review of the facility's policy, PASRR Nursing Facility Specialized Services Policy and Procedure revised 03/06/19 reflected: Policy: It is the policy of facilities to ensure NFSS Forms are submitted timely and accurately .

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, the facility failed to prepare food in accordance with professional standards for food safety in the facility only kitchen reviewed for kitchen sanitation.DC A failed to sanitize her hands in between tasks while preparing puree and taking temperatures. This failure could have placed residents at risk of foodborne illness.Findings included: Observation on 01/20/26, at 11:54 a.m., DC A failed to wash her hands after each transition to a new task, while preparing puree and taking the temperatures of food items placed in the hot tray. During an interview on 01/21/26 at 11:12 a.m., DS A stated she expects all staff in the kitchen to wear hair nets throughout their entire time in the kitchen. She said that all staff in the kitchen should always be practicing hand hygiene by properly washing their hands or changing gloves after each task or if touching an object such Example (the refrigerator, garbage can), DS A reported that staff should wash or replace gloves after each task pertaining to food. DS A reported that not practicing appropriate hand hygiene could result in foodborne illness as well as cross contamination. DS A stated that she could not remember if the kitchen staff had a recent Inservice in hand hygiene/maintain sanitary conditions while preparing food. During an interview on 01/22/26 at 02:19 p.m., DC B stated that he was the only employee who was currently working in the kitchen. DC B revealed that he is also one of the maintenance workers. He reported that when he is takes a temperature for food or preparing food, he always washed his hands or changes his gloves. He reported that he also ensures that he cleans the thermometer off after each use with a new alcohol swab. DC B also reported that he makes sure that he keeps his hair net on and beard covered. He reported that not washing your hands in between each task, could make the resident sick from bacteria. DC B reported that the facility makes them take in-services all the time but could not recall his last in-service on hand hygiene or infection control. During an interview on 01/22/26 at 8:09 a.m., DC A stated that when she is preparing food, she washes her hands and changes her gloves each time she starts something different in the kitchen. DC A reported that not washing your hands while dealing with food and changing task is nasty. She said that it could cause cross-contamination and salmonella. DC A stated that she always washes her hands before starting a new task and denied not practicing proper hand hygiene in 01/20/26. DC A reported that she, not has seen any other staff working with her in the kitchen and not practicing safe hand hygiene. She also reported that the kitchen is often short staff and often works in the kitchen alone. Review of the Policy Infection Control Plan: Overview (dated 03/2024) indicated: Infection Control The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. INTENT The intent of this policy is to ensure that the facility develops, implements, and maintains an Infection (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevention and Control Program to prevent, recognize, and control, to the extent possible, the spread of infection within the facility. DEFINITIONS Definitions are provided to clarify terminology or terms related to infection control practices in nursing homes refers. Hand hygiene is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or thoroughly applying an alcohol-based hand rub (ABHR) Hand washing refers to washing hands with plain (i.e., nonantimicrobial) soap and water. 1. Hand Hygiene Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene: When coming on duty. When hands are visibly soiled (hand washing with soap and water); Before and after direct Before and after eating or handling food (hand washing with soap and water); Before and after assisting a resident with meals. After personal use of the toilet (hand washing with soap and water). caused by norovirus, salmonella, shigella, and C. difficulty (hand washing with soap and water). After blowing or wiping nose. After completing duty. Facility Antimicrobial Stewardship Mission Statement Our facility embraces the importance of an infection prevention.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 residents (Resident #12) observed for infection prevention.The facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented and used when CNA-A provided care for Resident #12.This deficient practice could place residents at risk for infection.Findings included: Record review of Resident #12's face sheet dated 04/23/2024 revealed he was a [AGE] year-old man, with an initial admission date of 04/23/2024 with diagnoses which included: Heart Failure, unspecified, (heart failure but medical records lack detail about the specific type), Obstructive and Reflux Uropathy (blockages or backward flow in the urinary system, where urine can't exit properly, backing up into the Kidneys and potentially causing damage), and Benign Prostatic Hyperplasia (a common, non-cancerous enlargement of the prostate gland). Record review of Resident #12's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating normal, intact cognition. Further review revealed Resident #12 had an external catheter. Record review of Resident #12's Active Orders dated 01/16/2026 revealed orders which included: - Urinary Catheter (18f) with gravity drainage - Enhanced Barrier Precautions listed under Special Instructions in the Orders tab. Record review of Resident #12's Care Plan dated last reviewed 01/01/2026 revealed a Problem which included The resident has Indwelling Catheter, initiated 01/01/2026 and revised 01/19/2026. This problem area included the following interventions: - Catheter: The resident has (18f). Position catheter bag and tubing below the level of the bladder and in a privacy bag; initiated 01/01/2026 - Change the catheter monthly and prn.; Initiated 01/01/2026 - Check tubing for kinds and maintain the drainage bag off the floor., Initiated 01/01/2026 - Check tubing is anchored to the resident's leg or linens so that tubing is not pulling on the urethra; Initiated 01/01/2026 - Monitor and document intake and output as per facility policy; Initiated 01/01/2026 - Monitor for s/sx of discomfort on urination and frequency; Initiated 01/01/2026 - Monitor/document for pain/discomfort due to catheter.; Initiated 01/01/2026 - Monitor/record/report to MD for s/sx UTI: pain burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns.; Initiated (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	01/01/2026. Observation on 01/21/2026 at 10:38 AM, revealed there was a sign indicating Enhanced Barrier Precautions on the door to Resident #12's room. There was a supply of PPE available outside the door/room. Further observation revealed CNA A put on gloves but did not put on or wear a gown while performing catheter care for Resident #12. During an interview with CNA A on 01/21/2026 at 10:50 AM., when asked to describe the meaning of EBP, CNA A stated, I forgot to wear a gown. CNA A stated EBP is required when performing direct care to a resident that has conditions such as wounds or any opening to the body. During an interview with the DON on 01/22/2026 at 3:00 PM, the DON stated use of EBPs is expected when a resident has an open wound or medical equipment (i.e., urinary catheter). She stated a negative outcome of failure to abide by EBPs would be the spread of infection. Record review of facility policy titled Enhanced Barrier Precautions effective 4/1/2024 revealed Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: Colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply, Wound and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.