

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Jourdanton Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1504 Highway 97e Jourdanton, TX 78026	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents had the right to personal privacy and confidentiality of their personal and medical records for 1 of 4 resident (Resident #2) reviewed for resident rights. The facility failed to ensure CNAs A and B completely closed Resident #2's privacy curtain while providing incontinent care for the resident. This deficient practice could place residents at risk of loss of dignity. The findings were: Record review of Resident #2's face sheet, dated 07/17/2026, revealed an admission date of 03/04/2026. Resident #2 had diagnoses which included: Type 2 diabetes mellitus (high level of sugar in the blood), Chronic kidney disease (gradual loss of kidney function), Major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), Anxiety (A group of mental illnesses that cause constant fear and worry), Chronic bladder pain (long-term condition causing bladder pressure, pain, and urinary urgency) and, Cystostomy (alternative pathway for urine drainage when normal urination is blocked or impaired). Record review of Resident 2's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 08, which indicated moderate cognitive impairment. Resident #2 was indicated to always be incontinent of bowel and had an indwelling catheter. Record review of Resident 2's care plan, dated 03/11/2026, revealed a problem of INCONTINENCE: Potential for complications related to Bowel incontinence and an intervention of Provide proper perineal care and use barrier creams to protect the skin from urine/feces exposure. Observation on 07/16/2026 at 3:44 p.m. revealed CNAs A and B provided incontinent care for Resident #2. During care CNAs A and B did not pull the curtain to offer privacy to the resident because the privacy curtain was broken. The privacy was partially hanging done detached from its hinges. Resident #2 could have been seen by someone opening the room's door. During an interview with CNAs A and B on 07/16/2026 at 4 p.m., CNAs A and B stated the privacy curtain was not closed while they provided care for Resident #2 but should have been. They were unable to completely close it because it was broken and therefore too short in length to surround the bed. CNAs A and B stated they received resident rights training from the DON within a year. During an interview with the DON on 07/16/2026 at 4:30 p.m., the DON stated privacy must be provided during nursing care and Resident #2's privacy curtain should have been closed completely to prevent loss of dignity for the resident. She stated the staff received resident rights training within the year, and skills were checked annually and as needed. Record review of the facility's policy titled, Resident rights dated 2026, revealed, The resident had a right to personal privacy and confidentiality [.] Personal privacy includes accommodations, medical treatment [.].		

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 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 establish and 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 disease and infection for 1 of 4 resident (Resident #2) reviewed for infection control, in that: The facility failed to ensure CNA A sanitized between her fingers when sanitizing her hands, therefore not properly sanitizing her hands, while providing incontinent care for resident #2. These deficient practices could place residents at-risk for infection due to improper care practices. The findings were: Record review of Resident #2's face sheet, dated 07/17/2026, revealed an admission date of 03/04/2026. Resident #2 had diagnoses which included: Type 2 diabetes mellitus (high level of sugar in the blood), Chronic kidney disease (gradual loss of kidney function), Major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), Anxiety (A group of mental illnesses that cause constant fear and worry), Chronic bladder pain (long-term condition causing bladder pressure, pain, and urinary urgency) and, Cystostomy (alternative pathway for urine drainage when normal urination is blocked or impaired). Record review of Resident 2's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 08, which indicated moderate cognitive impairment. Resident #2 was indicated to always be incontinent of bowel and had an indwelling catheter. Record review of Resident 2's care plan, dated 03/11/2026, revealed a problem of INCONTINENCE: Potential for complications related to Bowel incontinence and an intervention of Provide proper perineal care and use barrier creams to protect the skin from urine/feces exposure. Observation on 07/16/2026 at 3:44 p.m. revealed CNA A changed her gloves two times between front and back cleaning and after cleaning Resident #2's buttocks, before touching the clean briefs. But while she used sanitizer between changed of gloves, she did not sanitize between her fingers, she only sanitized the top and bottom of the flat of her hands. During an interview with CNA A, on 07/16/2026 at 4 p.m., she stated she did not sanitize between her fingers because she was just using sanitizer and did not think she needed to. She stated she received infection control training at least once a year. During an interview with the DON on 07/16/2026 at 4:30 p.m., she stated staff had to sanitize between their fingers while using sanitizer to prevent the spread of infection. She stated she provided infection control training at least annually and the staff's skills were checked annually and as needed. Record review of the facility's policy, titled Hand Hygiene, dated 2026, revealed Hand hygiene technique when using an alcohol-based hand rub: a. Apply to palm of one hand the amount of product recommended by the manufacturer. b. Rub hand together, covering all surfaces of hands and fingers until hands feel dry.		