STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455589	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fortress Nursing and Rehabilitation	1105 Rock Prairie Rd College Station, TX 77845

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for two of eight residents (Resident # 57 and Resident #59) reviewed for ADL care.The facility failed to ensure Resident #57 and Resident #59's nails were cleaned and did not have any rough edges on 01/20/2026 and 1/21/2026. This failure could place residents at risk of not receiving services or care, diminished quality of life , and decreased self-esteem. Findings included: Record review of Resident #57's face sheet, dated 01/21/2026, reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: anemia (a blood disorder where there are not enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues. The lack of oxygen can cause fatigue, weakness, and shortness of breath), generalized anxiety disorder (a chronic mental health condition characterized by excessive, uncontrollable, and persistent worry about every day aspects of life such as health, finances, or family), and vitamin d deficiency (your body lacks sufficient vitamin D, crucial absorbing calcium and phosphorus to build strong bones, and supporting immune and muscle function, leading to issues like weak bones, muscle pain, fatigue, and frequent infections). Record review of Resident #57's admission MDS Assessment, dated 12/03/2025, reflected Resident #57 was assessed to have a BIMS score of 15 indicating cognition was intact. Resident #57 did not refuse care. Resident #57 required partial/moderate assistance- helper does less than half the effort with personal hygiene, putting on/taking off footwear, transfers in and out of showers and bathing. Record review of Resident #57'a Comprehensive Care Plan, dated 01/18/2026, reflected Resident #57 had an ADL self-care performance deficit. Intervention: Bathing: check nail length, trim, and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care.Observation and interview on 01/21/26 at 09:58 AM revealed Resident #57 was lying in bed in his room. His nails on his right and left hands were not smooth around the edges and there was a blackish/brownish substance underneath his middle and fore fingernails on his right hand. He stated he asked someone over the weekend to file and clean his nails and the person stated they would sometime during the week. Resident #57 stated he did not recall the staff's name. He stated he believed the staff worked in nursing but did not recall if the staff was a CNA or a Nurse. Resident #57 stated he did not recall seeing a name badge on the staff's clothes. Record review of Resident #59's face sheet, dated 01/21/2026, reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #59 had a diagnoses of type 2 diabetes (your body either does not make enough insulin or does not use insulin properly, causing sugar to build up in the blood instead of entering cells for energy, leading to high blood sugar), hypothyroidism (does not make enough hormones leading to symptoms like fatigue, weight gain, constipation, muscle/joint pain and/ or depression), and depression (a low mood or loss of pleasure or interest in activities for long periods of time). Record review of Resident #59's MDS assessment dated [DATE], reflected Resident #59 had a BIMS score of 6 which indicated his cognition was severely impaired. Resident #59 did not refuse care. Resident #59 required supervision or touching assistance with the following: eating, oral hygiene, personal (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hygiene, showers, upper and lower body dressing, toileting hygiene.Record review of Resident #59's Comprehensive Care Plan, dated 01/08/2026, reflected Resident #59 had an ADL self-care performance deficit. Intervention: Bathing: check nail length, trim, and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care.Observation and interview on 01/20/2026 at 9:10 AM revealed Resident #59 was sitting near the nurses' station in his wheelchair. Resident #59's fingernails on his right hand underneath his middle and ring fingernails had a blackish/brownish substance. Resident #59 had rough edges around his fingernails on his right hand and had blackish/brownish substance underneath his middle and fore fingernails on his left hand. Resident #59 stated he did not like his nails to be dirty. He stated he did not remember if he asked someone to help him with his nails. Resident #59 stated his nails had been dirty and rough for the past 4 or 5 days. In an interview on 01/21/2025 at 1:50 PM, LVN Charge Nurse A stated the nurses were responsible for residents with a diagnosis of diabetes with nail care such as trimming, cleaning, and filing. She stated the CNAs were responsible for all other residents' nail care. LVN Charge Nurse A stated if a resident had brownish/blackish substance underneath their nails and if a resident swallowed the substance there was a possibility a resident may become ill, such as stomach problems nausea and vomiting. She stated she would need to ask staff questions for the reason nail care was not completed on Resident #57 and Resident #59. LVN Charge Nurse A stated no one reported to her that Resident #57 or Resident #59 refused nail care. She stated anytime a resident refused care it was documented in the nurses' notes.In an interview on 01/21/2026 at 2:20 PM, Lead CNA B stated the CNAs were responsible for cleaning, trimming, and filing all residents' nails except for the residents with a diagnosis of diabetes (a disease that occurs when blood sugar is too high). She stated the nurses were responsible for all the residents' nails with a diagnosis of diabetes. Lead CNA B stated the residents' nails were usually cleaned on Sundays, their shower days and as needed. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as vomiting and diarrhea. She stated if a resident had rough edges around the fingernails there was a potential a resident may scratch another resident or themselves and obtain a skin tear. She stated a resident could get their nail caught on something and pull their nail off their finger. Lead CNA B stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. She stated she had given care to Resident #57 and Resident #59, and they did not refuse nail care. She stated the lead CNA assists with some training with new CNAs. In an interview on 01/21/2025 at 2:40 PM, CNA C stated the CNAs were responsible for cleaning, trimming, and filing all residents' nails except for the residents with a diagnosis of diabetes. She stated the nurses were responsible for all the residents' nails with a diagnosis of diabetes. CNA C stated the residents' nails were usually cleaned on their shower days and as needed. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as nausea and diarrhea. CNA C stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. She stated she had given care to Resident # 57 and Resident #59, and they did not refuse nail care. CNA C stated she did not know the last time these residents' nails were trimmed or cleaned she would need to check the medical records. She stated if a Resident's nails were rough around the edges there was a possibility the resident could scratch themselves and cause a skin tear. CNA C stated anytime a resident refused any type of care she reported it to the charge nurse. In an interview on 01/22/26 at 10:20 AM, the DON stated if a resident ingested the blackish substance on their fingers or underneath their fingernails, there was a possibility the substance may be some type of bacteria, however it would be difficult to determine if the blackish/ brownish substance was bacteria. She stated it was a possibility a resident may become ill with stomach issues such as vomiting and nausea if they ingested the blackish/ brownish substance. She stated the CNAs were responsible for all residents' nails such as cleaning, trimming, and filing except for the residents with (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diabetes. She stated for any resident with a diagnosis of diabetes the nurse was responsible for these residents' fingernails. The DON stated the nurse supervisor was responsible for monitoring CNAs giving ADL care which included nail care, and the ADON and DON were responsible for monitoring the nurse supervisors. Record review of the facilities policy on Nail Care, not dated, reflected Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle are and is usually done during the bath. Nails can become thinner and more brittle in the elderly and thicker if peripheral circulation isimpaired. Nails are also important in assessment, as changes occur with certain medical conditions,such as clubbing with chronic obstructive pulmonary disease or cardiac disease. Color changes withcirculatory or lymphatic impairment and certain drug therapy is common. Ingrown toenails are alsocommon in the elderly. Fungal infections of the toenails, dry, brittle ridges and thickening of the nailsall occur in the elderly with some frequency.Goals1. Nail care will be performed regularly and safely.2. The resident will free from abnormal nail conditions3. The resident will be free from infection. ProcedureShould be performed according to the resident centered plan of care.1. Explain the procedure to the resident.2. Wash hands.3. Immerse hands or feet in a basin of warm soapy water to cleanse and soften the nails for ease incleansing and trimming. Use a soft brush if necessary to cleanse under and around the nails.4. Remove debris from under the nails with an orange stick while soaking.5. Remove the hands or feet from the basin and pat dry.6. Apply lotion and massage into the cuticles and push back with a towel. Avoid cutting anycuticle.7. Trim the nails with a clipper, straight across for the toenails and rounded for the fingernails.8. Smooth the nails with an emery board.9. Apply hose and shoes or slippers as appropriate.10. Discard removed nails, cleanse basin and articles used and store for future use.11. Wash hands.12. Nails that are ingrown, thickened, or infected should be cared for by a podiatrist. Reportconditions immediately to the primary nurse. The nurse will ensure a referral to the podiatrist.13. Cutting should not be any shorter than at the line even with the nail folds on each side.14. When performed at bath time, the nail care can be done following the procedure or as a separateprocedure when needed at the convenience of the resident.