STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455798	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Wellness & Rehabilitation	2001 Forest Ridge Dr Bedford, TX 76021

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights , that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 5 (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) of 5 residents reviewed for care plans.The facility failed to update each resident's person-centered comprehensive care plan to reflect the need for EBP.This failure could place residents at risk of infection.Findings included:1. Record review of Resident #1's face sheet, dated 05/22/26, reflected an [AGE] year-old female, admitted [DATE] and readmitted on [DATE]. She was diagnosed with other subsequent encounter and dependence of renal dialysis (refers to the condition where an individual requires ongoing dialysis treatment due to compromised kidney function, rendering them incapable of effectively filtering waste products from their blood).Record review of Resident #1's physicians order summary, dated 05/22/26, reflected, Enhanced Barrier Precautions r/t (dialysis fistula) (surgically created connection between an artery and a vein, providing the safest and most effective long-term access for hemodialysis).: Staff members will wear a clean gown and gloves while performing high contact resident care activities to include: Dressing, Bathing/Showering, transferring, providing hygiene, changing linens, changing briefs or toileting assistance, and/or caring for indwelling medical devices., every shift for standard precautions.Record review of Resident # 1's care plan undated, reflected no active notation of EBP.Record review of EBP list, undated, reflected Resident #1 was on Dialysis with AV fistula (surgically connection between an artery and vein that provides long-term access for hemodialysis).2. Record review of Resident #2's face sheet, dated 05/22/26 reflected he was a [AGE] year-old male who was initially admitted on [DATE] and readmitted on [DATE]. He was diagnosed with cognitive communication deficit (a condition where communication difficulties arise from impairments in cognitive processes rather than language or speech mechanics).Record review of Resident #2 ?s order summary dated 05/22/26, reflected no active order for EBP.Record review of Resident #2's care plan undated, reflected no active notation of EBP.Record review of EBP list, undated, reflected Resident #2 was on EBP for PEG placement (medical procedure used to place a feeding tube directly into the stomach).3. Record review of Resident #3's face sheet, dated 05/22/26. reflected a [AGE] year-old male, admitted [DATE] and readmitted [DATE]. He was diagnosed with MRSA (is a type of bacteria that causes skin infections and is resistant to many antibiotics, making it harder to treat), presence of cardiac pacemaker (medical device that helps regulate the heart's rhythm by sending electrical impulses to the heart muscle, ensuring it beats at a normal rate) and quadriplegia, C5-C7 complete (spinal cord injury results in total paralysis and loss of sensation below the level of injury, affecting all four limbs and many autonomic functions). Record review of Resident #3's physicians order summary, dated 05/22/26, revealed Enhanced Barrier Precautions r/t (urostomy-[surgical procedure that creates an opening (stoma) in the abdominal wall to allow urine to exit the body]., wounds) and staff members would wear a clean gown and gloves while performing high contact (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident care activities including Dressing, Bathing/Showering, transferring, providing hygiene, changing linens, changing briefs or toileting assistance, and/or caring for indwelling medical devices like central lines. every shift for Standard precaution.Record review of Resident #3's care plan undated, revealed no active notation of EBP.Record review of EBP list, undated, reflected Resident #3 was not on the EBP list. 4. Record review of Resident #4's face sheet, dated 05/22/26 reflected she was a [AGE] year-old male admitted on [DATE]. She was diagnosed with Gastrotomy status (G-Tube) and Bretts syndrome (a rare genetic neurodevelopmental disorder that primarily affects girls, causing progressive loss of motor skills, speech, and hand function).Record review of Resident #4's physicians order summary, dated 05/22/26, revealed no active order for EBP.Record review of Resident #4's care plan undated, revealed no active notation of EBP.Record review of EBP list, undated, reflected Resident #4 was on EBP for PEG placement (medical procedure used to place a feeding tube directly into the stomach). 5. Record review of Resident #5's face sheet, dated 05/22/26, reflected a [AGE] year-old female admitted [DATE] and readmitted [DATE]. She was diagnosed with cutaneous abscess of left lower limb (localized collection of pus in the skin and underlying tissues, typically caused by bacterial infection, most commonly Staphylococcus aureus), abscess of tendon sheath (a painful bacterial infection within the protective sheath surrounding a tendon, often requiring urgent medical treatment to prevent serious complications.), left thigh and encounter for other specified surgical aftercare (used to document encounters for specific postoperative care that does not fall under more common aftercare categories).Record review of Resident #5's physicians order summary, dated 05/22/26, revealed Enhanced Barrier Precautions r/t (wound): Staff members will wear a clean gown and gloves while performing high contact resident care activities to include: Dressing, Bathing/Showering, transferring, providing hygiene, changing linens, changing briefs or toileting assistance, and/or caring for indwelling medical devices . every shift for standard precautions.Record review of Resident #5's care plan undated, revealed no active notation of EBP.Record review of EBP list, undated, reflected Resident #5 was on EBP for wound.During an interview on 05/22/26 at 8:56 AM, CNA B stated when care was provided to residents on EBP he had to wear a gown and gloves to prevent infection control. CNA B stated he asked the charge nurse what he needed to wear to care for residents and he went by the sign outside the resident's door.During an interview on 05/22/26 at 9:20 AM, LVN A stated residents with wounds, indwelling catheter, dialysis sites, and g-tubes, nursing staff were responsible for wearing gowns, gloves, donning (put on) and doffing for infection control. LVN A stated there was signage outside the residents' doors to help staff remember what needed to be worn.During an interview on 05/22/26 at 11:30 AM, the IP stated residents with indwelling medical devices, and wounds were on EBP and when nursing staff provided direct contact then gown, gloves and face mask should be worn. The IP stated EBP postings were on the doorway that explained the enhanced barrier process, and PPE was found by the doorway. PPE was worn to protect staff from the residents with medical devices, for example G-tube. The IP did not know who was responsible for putting the EBP information in the care plan. The IP stated she would check with the MDS nurse.During an interview on 05/22/26 at 1:10 PM, the MDS Nurse stated Enhanced barrier precautions information should be in the care plan to know what to do to provide care to residents. The MDS Nurse stated he updated the care plans quarterly, annually, and with significant changes. The MDS Nurse stated the Treatment nurse, DON and nurse management were responsible for making updates to the care plan. During an interview on 05/22/26 at 1:45 PM, the Administrator stated it was important for care plans to be updated to ensure residents received their needed care. The Administrator stated the nurse management department was responsible for care plan updates and he would do an in service. Record review of facility policy, dated 10/24/22, titled, Care Planning reflected, Purpose to ensure that a comprehensive person-centered Care Plan is developed for each resident based on their individual assessed needs. IX. Each resident's Comprehensive Care Plan will describe the following: A. Services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being