

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Bremond Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 211 N Main Bremond, TX 76629	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on 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 diseases and infections for 1 of 1 facility reviewed for infection control practices. The facility failed to ensure the previous DON's TB test was completed by 06/25/2026. This failure could place residents at risk of infection that can spark outbreaks that can spread rapidly. Findings included: Record review of previous DON's HR file on 07/17/2026 did not show the TB testing completed within 48-72 hours of the hire date of 06/22/2026. The ADON administered the TB test on 06/26/2026 to the previous DON. During an interview with the ADON on 07/17/2026 at 2:28 PM, the ADON stated she was responsible for administering the TB test to the previous DON timely when she started on 06/22/2026. The ADON stated it was expected for the TB test to have been administered within 48-72 hours of the previous DON's start date. The ADON stated the TB test was administered to the previous DON on 06/26/2026 and should have been administered on 06/25/2026. The ADON stated that there were no adverse effects or outcome with the TB test not administered timely. The ADON did not give a reason to why the TB test was not completed timely after the previous DON hire date. The ADON stated it was very important for the TB test to be conducted timely because a positive test would have affected all residents and staff that would have led to a big infection control issue. During an interview with the previous DON on 07/17/2026 at 2:44 PM, the previous DON stated she started at the facility on 06/22/2026 and her employment ended on 07/02/2026. The previous DON stated that the ADON completed her TB test on 06/26/2026 and should have administered the TB test no later than 06/25/2026. The previous DON knew the TB test was to be completed within 48-72 hours of her starting at the facility. The previous DON did not know the reason why the TB test was not administered timely within 48-72 hours of her start date. During an interview with the ADM on 07/17/2026 at 4:50 PM, the ADM stated it was expected for the ADON to have completed the TB testing timely within 48-72 hours from the previous DON's hire date of 06/22/2026. The ADM stated there were no adverse effects with the TB test not being conducted timely. The ADM stated if there was a positive test read all kinds of things could have happened. The ADM did not elaborate any further on the kinds of things that could have happened if the TB test was not conducted timely. Review of the facility policy Infection Prevention and Control Program implemented 09/01/2023 and revised 03/06/2026 reflected This Facility has established and maintains 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 as per accepted national standards and guidelines. Review of the facility policy Employee Tuberculosis Testing implemented 09/01/2023 reflected Tuberculosis (TB) screening and testing is conducted in this facility for the purpose of early identification, evaluation, and treatment of (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	employees with latent TB infection (LTBI) or TB disease. At the time of employment, all new staff shall undergo pre-placement screening for TB, including an individual risk assessment, TB symptoms screen, and TB test. All initial and follow-up TB test shall be administered and interpreted 48-72 hours for skin tests by a trained healthcare provider on our staff, or any licensed physician.		