STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675132	A. Building B. Wing	08/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bremond Nursing and Rehabilitation Center	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 0676 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. (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 0676 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide the necessary care and services for 1 of 11 (Resident #8) residents reviewed for transfer status. The facility failed to ensure that Resident #8, who was a 2 person assist in May 2025 and was changed to a mechanical transfer on 8/14/2025, did not suffer a decline in mobility. An Immediate Jeopardy (IJ) was identified on 8/15/2025. The IJ template was provided to the facility on 8/15/2025 at 4:45PM. While the IJ was removed on 8/16/2025, the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems. This failure put residents at risk for decline in activities of daily living, decreased mobility, and serious harm. Findings included: Review of Resident # 8's Face sheet on 8/12/2025 reflected an [AGE] year-old, female admitted to the facility 12/13/2023 with a diagnosis of vascular dementia (dementia caused by problems with the blood vessels in the brain), unspecified abnormalities of gait and mobility (difficulties with walking), and hypertension (high blood pressure). Review of Reentry MDS for Resident #8 dated 2/17/2025 reflected a BIMS score of 15 (indicating no cognitive impairment). Resident #8's ability to move from Lying to Sitting, ability to move from sit to stand, and Toilet transfer is listed as partial/moderate assist. There are no categories of mobility for which Resident #8 had refused to be assessed. Speech Therapy, Physical Therapy, and Occupational Therapy sections reflected 0 minutes for each category for the period prior to last MDS. Restorative Program reflected 0 minutes of restorative therapy for the period prior to last MDS. Review of Reentry MDS for Resident #8 dated 05/22/2025 reflected a BIMS score of 15 (indicating no cognitive impairment). Resident #8's ability to move from Lying to Sitting, ability to move from sit to stand, and Toilet transfer is listed as partial/moderate assist. There are no categories of mobility for which Resident #8 had refused to be assessed. Speech Therapy, Physical Therapy, and Occupational Therapy sections reflected 0 minutes for each category for the period prior to last MDS. Restorative Program reflected 0 minutes of restorative therapy for the period prior to last MDS. Review of Orders for Resident #8 reviewed on 8/13/2025 reflected no order for mechanical lift transfer. Review of Care plan for Resident #8 in EMR (electronic medical record) reflected no problems or interventions related to mobility risks or transfers. Review of Paper Care Plan for Resident #8 reflected a Problem Area, Problem Start Date: 09/20/2024, Category: ADLs Functional Status/Rehabilitation Potential, [Resident #8's] ability to (ADL: e.g., transfer, walk in room, walk in corridor, dress, eat, toilet, maintain personal hygiene) has deteriorated R/T disease process Edited: 05/22/2025 Edited By: [ADON]. Approach section listed, Follow PT/OT/ST recommendations. Edited: 05/22/2025 Edited By: [ADON], Provide assistance for ADL as needed. Edited: 05/22/2025 Edited By: [ADON], Transfer extensive assist 1-2 Edited: 05/22/2025 Edited By: [ADON], and Report any further deterioration in status to physician. Edited: 05/22/2025 Edited By: [ADON]. Problem Area started on 04/29/2024, revised by ADON on 05/22/2025 reflected: [Resident #8] is at risk for skin impairment, age related, impaired mobility. The Approaches listed for the problem area reflected, PT/OT to evaluate for rehab potential. Edited: 05/22/2025 Edited by: ADON. Problem area dated 02/20/2024, Revised 07/25/2025 and Edited by Activity Director, reflected: [Resident #8] also enjoys going outside to feed the cat. In the related Approach area, it reflected, Staff will encourage, assist, or plan out of door activities for fresh air weather permitting. Edited: 05/22/2025 Edited by: ADON and Staff will encourage or assist involvement in social groups of interest such as bible study, current events, trivia. Problem area dated 2/26/2024, edited by ADON on 5/22/2025, reflected Category: Cognitive Loss/Dementia [Resident #8] appears to have recall deficit as evidenced by: Periods of paranoia, making false accusations then denies making them, lack of acceptance or understanding of safety issue related to her living environment, Poor decision making. Goal for this problem area reflected a long-term goal target date of 8/22/2025, reflected [Resident #8] will understand helpful reminders, will have needs met by staff as identified or anticipated, will have minimal negative emotional distress related to cognitive issues. As evidenced by documentation in the medical record. Edited: 5/22/2025 Edited By: ADON. Related approaches dated 5/22/2025 reflected, Continue to assess periodically for changes in cognition; adjust approaches to offer more assistance as needed. Review of Resident #8's Progress Notes in Paper Chart since 5/9/2025 -8/4/2025, reflected there were no notes indicating the resident was out of bed, nor are there any notes indicating refusals to get out of bed. There are no notes indicating a refusal of Physical or Occupational therapy during this time frame. Review of Physician

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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 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. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**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 #2 and Resident #7) reviewed for ADL care. The facility failed to ensure Resident # 2 and Resident #7's nails were cleaned and did not have any rough edges on 08/12/2025. 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 #2's face sheet , dated 08/13/2025, reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses which included unspecified dementia ,unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a group of diseases and illnesses that affect your thinking, memory, and reasoning without behaviors), blindness right eye , low vision left eye (lack of vision - it interferes with daily activities), and muscle weakness (decreased ability to move, lift, or hold objects). Record review of Resident #2's Annual MDS, dated [DATE], reflected the resident had a BIMS score of 5, which indicated his cognition was severely impaired. Resident #2 required supervision or touching assistance with the following: personal hygiene, showers, upper and lower body dressing and, toileting hygiene. Record review of Resident# 2's Comprehensive Care Plan, revised on 05/08/2025, reflected Resident #2 ‘s ability to maintain personal hygiene has deteriorated. Intervention: Resident #2 required assistance with ADLs. Record review of Resident #2's nurses notes and there was not any refusal of nail care documented from 08/01/2025 thru 08/12/2025. Observation and interview on 08/12/2025 at 11:01 AM, revealed Resident #2 was in his room lying in bed. He had a blackish/ brownish substance underneath the middle and ring fingernails on his right hand. Resident # 2's middle fingernail on his right hand was uneven around the edges. Resident #2 was not interviewable. Record review of Resident #7's face sheet, dated 08/13/2025, reflected a [AGE] year-old- male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included unspecified lack of coordination (the inability to smoothly and precisely control bodily movements), dementia in other diseases classified elsewhere, without behavioral disturbance, psychotic, mood and anxiety (a group of diseases and illnesses that affect your thinking, memory, and reasoning without behaviors), and muscle weakness (decreased ability to move, lift, or hold objects). Record review of Resident #7's Annual MDS, dated [DATE], reflected the resident rarely/never understood. He had poor short- and long-term memory recall. His decision-making ability was severely impaired. Resident #7 required supervision and touching assistance with the following: personal hygiene, lower/ upper body dressing and, oral hygiene. He required partial to moderate assistance- (Helper does less than half the effort) with the following: Showers and toileting. Record review of Resident #7's Comprehensive Care Plan, dated 06/16/2025, reflected Resident # 7 was at risk for deterioration in ADLs (bed mobility, transfers, personal hygiene, dressing, eating, walking and locomotion). Provide assistance for ADLs as needed. Record review of Resident #7's nurses notes and there was not any refusal of nail care documented from 08/01/2025 thru 08/12/2025. Observation and interview on 08/12/2025 at 10:15 AM, revealed Resident #7 was in his room lying in bed. He had a blackish/ brownish substance underneath the middle ring and fore fingernails on his right hand. Resident #2's ring and middle fingernail on her right hand were uneven around the edges. He was not interviewable. In an interview on 08/13/2025 at 2:31 PM, LVN D stated the nurses were responsible for residents with diagnosis of diabetes with nail care such as trimming, cleaning, filing. He stated the CNAs were responsible for all other residents' nail care. LVN D 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. He stated she would need to ask staff questions for the reason nail care was not completed on Resident #2 and Resident #7. LVN D stated no one reported to him that Resident #2 or Resident #7 refused nail care. He stated anytime a resident refused care it was documented in the nurses' notes. In an interview on 08/13/2025 at 2:45 PM, CNA H stated the CNA s were responsible for cleaning, trimming, and filing all residents' nails except for the residents with a diagnosis of diabetes (a disease occurs when blood sugar is too high). She stated the nurses were responsible for all the residents' nails with a diagnosis of diabetes. CNA H 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

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing activities program to support residents in their choice of activities, both facility sponsored group and individual activities, and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for one of five residents (Resident # 3) reviewed for activities. The facility failed to provide Resident #3 in room activities on the dates of 07/03/2025 thru 08/11/2025. This failure could place residents at risk for boredom, depression, and a diminished quality of life. Findings included: Record review of Resident# 3's face sheet, dated 08/14/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included depression, unspecified (a mood disorder that causes a persistent feeling of sadness and loss of interest), generalized anxiety disorder (a mental health disorder that produces fear, worry, and a constant feeling of being overwhelmed), and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a condition where individuals experience cognitive decline consistent memory loss, impaired thinking, etc. without behaviors). Record review of Resident#3's Annual MDS Assessment, dated 10/02/2024, reflected Resident #3 had a BIMS score of 0, which indicated her cognition was severely impaired. Resident #3 was not capable of responding to questions of her activity preferences. Record review of Resident #3's Quarterly MDS Assessment, dated 05/31/2025, reflected Resident #3 was rarely/never understood. The staff completed Resident #3 cognitive assessment. Resident #3 decision making ability was severely impaired (never/rarely make decisions). She had poor short- and long-term memory recall. Record review of Resident #3's Comprehensive Care Plan reflected (problem created on 08/15/2022) Resident #3 was dependent on staff for meeting emotional, intellectual, physical, and social needed related to Alzheimer's (a brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out the simplest tasks). Resident #3 care plan (revised on 08/13/2025) reflected Resident required personalized engagement to support psychosocial wellbeing. Resident #3 will participate in at least one 1:1 activity of choice a minimum of two times per week to enhance social interaction and emotional wellness. Monitor for changes in engagement levels and adjust the type of timing of 1:1 activities as needed. Record Review of the Activity In Room Participation record for the months of July 2025 and August 2025 reflected Resident #3 did not receive in room visits from 07/03/2025 thru 08/11/2025. Observation and interview on 08/12/2025 at 10:05 AM Resident was in her room lying in bed. Resident # 3's television was not on and there was not any stimulation in resident's room. Resident #3 was not interviewable. Interview on 08/14/2025 at 8:30 AM, the Activity Director stated Resident #3 did not receive in room activities from 07/03/2025 thru 08/11/2025. The Activity Director stated she was expected to ensure all residents received activities based on their preferences and their physical abilities. She stated if residents were not coming out of their room, the residents were to be provided in room activities. The Activity Director stated she provided in room activities at least twice a week. She stated there was not an excuse why Resident #3 did not receive in room visits. The Activity Director stated if a resident was not receiving activities on a consistent basis there was a potential a resident may become bored, depressed, or have a decline in their quality of life. Interview on 08/14/2025 at 10:45 AM, the Administrator stated he expected in room activities be provided to the residents needing these types of activities. He stated if a resident was not receiving in room activities there was a possibility a resident may become depressed, bored and isolated. He stated the Activity Director was responsible for all activities in the facility. He stated the Administrator would be responsible for monitoring the Activity Director. Record review of the facility's Activity Policy, dated not dated, reflected It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interests of each resident, as well as support their physical, mental, and psychosocial well-being. Activities will encourage both independence and interaction within the community. Activities may be conducted in different ways: one-to-one programs, person appropriate- activities relevant to the specific needs, interests, culture, background, etc. for the resident.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews the facility failed to ensure that resident environment remained as free from accident hazards as is possible, by not providing adequate supervision and assistance devices to prevent accidents for 4 of 11 residents (Resident #18, Resident #23, Resident #5, and Resident #3) reviewed for safe transfers. 1. The facility failed to ensure two staff members transferred Resident #18 via mechanical lift which resulted in Resident #18 suffering a skin tear due to being transferred by one staff member on 6/04/2025. 2. The facility failed to ensure CNA A and CNA B knew how to competently use transfer assistive device (gait belt) when performing a transfer from recliner to wheelchair for Resident #5 on 8/13/2025. 3. The facility failed to ensure that staff used any assistive devices (gait belt) when standing Resident #23 at the bedside resulting in a fall on 6/05/2025. 4. The facility failed to ensure that staff used any transfer assistive devices (gait belt) when transferring Resident #3 between bed and geri-chair. This failure could place residents at risk for serious injury, fracture, or death. Findings included: 1. Review of Resident #18's Face sheet dated 9/18/2020 reflected a [AGE] year-old, male admitted to the facility on [DATE]. Diagnoses included muscle wasting atrophy right and left shoulder (muscles shrinking and becoming weaker), rheumatoid arthritis (a chronic disease where the immune system attacks the joints), abnormalities of gait (abnormal way of walking) , contracture to right and left knee (condition where muscles, tendons, ligaments, or skin shorten and stiffen), and muscle wasting and atrophy of lower leg (muscles shrinking and becoming weaker). Review of Resident #18's Quarterly MDS dated [DATE] reflected a BIMS score of 15 (no cognitive impairment). In Section GG- Functional Abilities section GG0170. Mobility, Resident #18 is coded as dependent on staff for Chair/bed-to-chair transfers and, Not attempted due to medication condition or safety concerns for sit to stand transfer. Review of Resident #18's Paper Care Plan reflected a Problem area stating, Problem Start Date: 06/05/2025 Category: ADLs Functional Status/Rehabilitation Potential Resident presents with mobility limitations and requires [mechanical lift] for transfers Created: 06/05/2025 Created by: [ADON]. Related Goal area reflected, Long Term Goal Target Date: 09/05/2025 Staff will safely transfer resident utilizing a [mechanical lift] Created: 06/05/2025 Created by: [ADON]. Problem initiated for, Category: ADLs Functional Status/Rehabilitation Potential [Resident #18] requires assistance with ADL's d/t impaired mobility and incontinence of bowel and bladder. Edited by: 05/08/2025 Edited by: [ADON] with a related Approach stating, Transfer: Total with 1-2 person assist (utilize a [mechanical lift]) Wheelchair for mobility; gel cushion to wheelchair Edited: 05/08/2025 Edited by: [ADON] Review of orders dated 8/15/2025 for Resident #18 reflected an order dated 08/14/2025 reflecting, [Mechanical Lift] transfer for safety and non-weight bearing status. Review of Facility Incident/Accident Investigation Worksheet dated 6/05/2025 reflected an incident involving Resident #18 on 6/04/2025 at 11:30AM. The section titled, Describe Exactly What Happened reflected, Resident reports during transfer mech (mechanical) lift [with]sling, sling rubbed against arm causing S/T [with] minimal bleeding. No other injuries were found. [Resident] alert and oriented. No swelling or bruising noted. Under the Witness section of the form CNA A is listed as the only witness. The Follow up/steps to prevent reoccurrence and person(s) responsible: section reflected a note stating, Inservice staff proper use of lift +sling during transfer. Signature on form is illegible. Review of Inservice initiated by ADON and dated 6/5/2025 reflected, 2. When using the [mechanical] lift-please make sure sling is positioned appropriately so that it is not causing skin tears. Never use a [mechanical] lift without 2 people. Inservice signed by all staff. Review of Paper Progress Note reflected an entry on 6/4/25 stating, Resident report during transfer using mech (mechanical) lift + sling, his arm rubbed against skin causing S/T to rt (right) [lower] forearm, minimal bleeding, area was cleaned [with] wound cleanser. TAO (triple antibiotic ointment) + light dressing applied, no other injuries noted. Review of Skin Assessment for Resident #18 dated 6/4/2025 reflected a note stating, S/T (skin tear) to L (left) upper arm + R (right) lower forearm. The signature is illegible with LVN after the name. Review of staff competencies for [Mechanical] lift/Transfer prior to start of survey on 08/12/2025 reflected 7 total staff, including nurses and nurse aides, had met the Standards of Practice outlined on the form. Review of Employee List provided by facility on 8/12/25 reflected 18 total nurses and nurse aides employed at the facility on that day. 2. Review of Resident #5's Face sheet dated 8/15/2025 reflected a [AGE] year-old, female admitted to the facility on [DATE]. Diagnoses included muscle wasting atrophy right and left shoulder (muscles shrinking and becoming weaker), dementia, unsteadiness on feet, anxiety disorder (intense and excessive worry or fear), and cerebral infarction (a

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation. 1. The facility failed to ensure Dietary Aide K wear a beard guard when standing over clean dishes in the dishwashing room on 08/12/2025. 2. The facility failed to ensure Dietary [NAME] M used proper hand hygiene during food preparation on 08/13/2025. These failures could place residents who ate food from the kitchen at risk for foodborne illness.Findings included: 1.Observation on 04/22/2025 at 9:10 AM, Dietary Aide K was not wearing a beard guard when standing in the dishwasher room over clean dishes. His beard growth was approximately 8 inches. Interview on 08/12/2025 at 9:15 AM, Dietary Aide K stated he was expected to wear a beard guard anytime he was in the kitchen area. He stated if hair fell onto plates and the hair transferred to residents' food there was a possibility a resident may become ill with some type of stomach issues (when asked what type of stomach issues he did not respond to the question). He stated germs was located on hair. Dietary Aide K stated he had been in-service on wearing beard guards. He stated it was in February 2025 or March 2025. He did not recall the exact date. 2. Observation on 08/13/25 at 7:25 AM, Dietary [NAME] L was wearing gloves when preparing puree food. She touched the right side of her shirt with her right hand. Dietary [NAME] L touched the bacon without changing her gloves. She picked up the bacon with her right hand and placed the bacon on a baking pan. Interview on 08/13/25 at 12:50 PM, Dietary [NAME] L stated she did not change her gloves after she touched her clothes. She stated she did touch pick up the bacon and place it on pan with her right hand. Dietary [NAME] L stated she did contaminate the bacon. She stated if a resident ate contaminated food there was a possibility the resident may become ill with stomach issues such as vomiting, diarrhea and nausea. She stated she had been in-service on hand hygiene and to change gloves anytime you touch anything contaminated. She stated her clothes would be considered contaminated. She stated she had been in-service on hand hygiene but did not remember the date of the in-service. Interview on 08/14/25 at 8:30 AM Dietary Manager stated hair nets or cap and beard guard on facial hair was present are required for all staff while in the kitchen. Dietary Manager stated it could negatively affect a resident if hair restraints are not worn by a resident receiving food with hair in it. Dietary Manager stated it was her responsibility to ensure beard restraints were worn by the male staff in the kitchen. Dietary Manager did not answer why dietary aide did not properly wear a beard guard while in the kitchen even though he had facial hair. She stated all staff was to wash hands after touching anything no Interview on 08/14/25 at 12:30 PM the Administrator stated his expectation was that beard restraints were to be worn by all staff in the kitchen. The Administrator stated if beard restraints are not worn there was a possibility a hair may fall into food. He stated there was a possibility if a resident ingested a hair the resident may become ill with some type of stomach issues. The Administrator stated he expected gloves to be changed, hands washed anytime staff touch contaminated items. He stated clothes would be considered contaminated. He stated there was a possibility if there was a hair or bacteria in food, a resident may develop a food borne illness. The Administrator stated the Dietary Manger was responsible for all protocols in the kitchen and he was responsible to monitor the Dietary Manager. Record review of the facility's Policy on Dietary Employee Personal Hygiene, not dated, reflected It is the policy of this facility to utilize the following as guidelines for employee personal hygiene to prevent contamination of food by foodservice employees. Gloves are to be worn and changed appropriately to reduce the spread of infection. All dietary staff must wear hair restraints (hairnet, hat and/or beard restraint) to prevent hair from contacting food.

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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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675132	A. Building B. Wing	08/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bremond Nursing and Rehabilitation Center	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	**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 diseases and infections and follow accepted national standards for one of five residents reviewed for infection control practices. (Resident #48). The facility failed to ensure that staff wore a gown during medication administration via g-tube (a tube inserted into the stomach) on 08/13/2025 for Resident #27 when the resident was on isolation precautions ordered 08/12/2025. There was no Enhanced Barrier Precaution signage on the door nor PPE (personal protective equipment) inside or outside of Resident 27's room. This failure could place the residents, staff and visitors risk for cross contamination. Findings included: Review of Resident #27's Face sheet dated 8/13/2025 reflected a [AGE] year-old, male admitted on [DATE]. Diagnoses included Cerebral Infarction (a temporary lapse of blood flow to the brain), Neurosyphilis (sexually transmitted infection that affects the brain and spinal cord causing cognitive changes), and Hypertension (high blood pressure). Review of Resident #27's orders reflected an order dated 8/12/2025 for Enhanced Barrier Precautions: Resident requires enhanced barrier precautions. Wear PPE per facility protocol.[BH1] [EM2] Review of Resident #27's Care Plan reflected a Focus Area stating, Resident requires Enhanced Barrier Precautions due to colonization or infection with a multidrug resistant organism (MDRO) or is at high risk per CDC criteria r/t g tube Date Initiated: 08/12/2025. Related Interventions/Tasks reflected, [NAME] gown and gloves before high-contact resident care activities (e.g., dressing, bathing, toileting, device care, wound care), Date Initiated: 08/12/2025, Maintain a supply of gowns and gloves inside or outside the room for ease of access, Date Initiated: 08/12/2025, and Place signage outside of residents room indicating Enhanced Barrier Precautions are in use (do not include specific diagnosis), Date Initiated: 08/12/2025. Observation of medication administration with LVN D on 08/13/2025 at 7:59AM[BH3] [EM4] , revealed LVN D did not wear a gown while administering medications via G-tube for Resident #27. There was no Enhanced Barrier Precaution signage on the door. There was no PPE (personal protective equipment) inside or outside of the room. In an interview with LVN D on 8/13/2025 at 8:30AM, he stated that Resident #27 should be on enhanced barrier precautions. He stated that he should have worn a gown during medication administration with a g-tube. He stated it was the responsibility of nurses and CNAs to initiate EBP for newly admitted residents. He stated that the potential impact to the resident of not wearing a gown with medication administration via g-tube could lead to infections. In an interview with ADON on 8/13/2025 at 8:39AM, she stated her expectation was that staff use gowns and gloves when providing direct care to a resident or handling the medical device for a resident, as indicated by the guidelines for enhance barrier precautions, for those residents who require it. She stated that enhance barrier precautions should be followed with g-tube medication administration. She stated it was the responsibility of nursing staff and nursing administration to implement EBP for a new resident. She stated that she printed the signs and thought they were being posted and PPE was set out by staff. She stated the potential impact to the resident of not following the guidelines is possible exposure to infection for the resident receiving care and potentially spread infection to other residents in the facility. In an interview with RNC on 8/14/2025 at 12:04PM, she stated that the was the current Infection Preventionist for the facility. She stated that she asked the newly hired DON and ADON to put the EBP sign on the door for Resident #27. She stated that she did not go back to check that it was done. She stated that Resident #27 should be on EBP for his g-tube. She stated that the potential impact to the resident of not using a gown and gloves during medication administration is the potential for cross contamination. In an interview with NP on 8/15/2025 at 12:04AM, she stated that she expected the facility to follow the guidelines for enhance barrier precautions, when appropriate. She stated the potential impact to the residents of not following the guidelines could be exposure to infection, actual infection, or issues with the device. In an interview with ADMIN on 8/15/2025 at 3:43PM, he stated that residents with g-tubes should be on enhanced barrier precautions. He stated his expectation was that staff follow the guidelines while providing care and giving medications to residents with enhance barrier precautions. Requested facility policy for Medication Administration and Enhanced Barrier precautions via email on 08/13/2025 at 09:45AM. No policy or related policy was provided before exit. Review of the CDC[BH5] guidelines for Enhanced Barrier Precautions in Nursing Homes dated 05/20/2024 reflected, EBP are indicated for residents with any of the following: Wounds and/or indwelling medical