| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675226 | A. Building<br>B. Wing | 06/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stevens Nursing and Rehabilitation Center of Halle | 106 Kahn St<br>Hallettsville, TX 77964 |

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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents received services in the facility, 1 of 4 residents (Resident #2), reviewed for reasonable accommodation. The facility failed to ensure the call light was within reach for Resident #2. This failure could place residents at risk of not being able to call for help as needed. Findings included: Record review of Resident #2's face sheet, dated 06/02/2026, revealed she was admitted [DATE], re-admitted on [DATE] and again on 5/22/2026 diagnoses included: spinal stenosis (narrowing of the space in the spine), encephalopathy (disturbance of brain function), and major depressive disorder (persistent depressed mood). Record review of Resident #2's MDS assessment, dated 5/13/2026, revealed the resident's BIMS score was 11, which indicated moderate cognitive impairment. Record review of Resident #2's care plan, dated 6/2/2026, revealed Resident #2 is at risk for falls d/t impaired balance, incontinence, psychotropic med use, amputation of toes and Be sure the resident's call light is within reach. During an observation on 6/2/2026 at 10:30 am -Resident #2's call light was wrapped around the head of the bed frame, out of sight and out of reach of the resident. During an interview on 6/2/2026 at 10:33 am - Resident #2 stated she could not reach the call light nor could she see it. During an observation and interview on 6/2/2026 at 3:30 pm the ADON observed the call light wrapped around the residents' bed frame and she stated it was out of the residents' sight and reach. She stated if the resident can't reach the call light, then she can't call for help, which may put the resident at risk. During an interview on 6/2/2026 at 3:33 pm LVN A stated the call light should be within residents reach so the resident could call for help. She stated it may impact the residents' care if the call light was not within reach. Record review of the facility's policy titled Call Lights: - Accessibility and Timely Response, dated 10/13/2022, indicated, Staff will ensure the call light is within reach of resident and secured, as needed. |

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 |
|---|---|---|