

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Stevens Nursing and Rehabilitation Center of Halle		STREET ADDRESS, CITY, STATE, ZIP CODE 106 Kahn St 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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</p> <p>Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 1 of 3 resident hallways (Hallway 100), and 1 of 1 kitchen reviewed for environmental concerns, in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure resident room [ROOM NUMBER], located on hallway 100, had repaired 3 and 5 foot wall scrapes near bed-A and had removed dust and lint from the bathroom ceiling vent. 2. The facility failed to ensure resident room [ROOM NUMBER], located on hallway 100, had repaired a 3x3 inch bathroom door penetration and had repaired an unsecured bathroom wall vent. 3. There was a 4.5- foot piece of floor baseboard molding under the prep table on the right side of the main kitchen that was missing. 4. There was a 7.0- foot piece of floor baseboard molding behind the ice machine and juice bar on the left side of the main kitchen that was not attached to the wall. 5. There were 2 broken 1x1 ft floor tiles in the main kitchen area that were cracked. 6. There were 2 eight- foot florescent ceiling lights in the main kitchen area that did not have protective sleeve covers. 7. There were 4 three- foot florescent ceiling lights in the dry storage room that did not have protective sleeve covers. <p>These failures could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, and unsafe.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During observation rounds with the Maintenance Director and Administrator on 03/7/25 from 12:50 pm - 12:55 pm revealed the following: <ul style="list-style-type: none"> a. In room [ROOM NUMBER] on hallway 100 there were two wall scrapes near Bed-A with one scrape measuring 3 ft in length and the other measuring 5 foot in length. <p>(continued on next page)</p>

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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. In room [ROOM NUMBER] on hallway 100 there was a bathroom ceiling vent that was covered with dust and lint.</p> <p>c. In room [ROOM NUMBER] on hallway 100 there was a 3x3 inch penetration on the bathroom door.</p> <p>d. In room [ROOM NUMBER] on hallway 100 there was a bathroom ceiling vent was not fully attached to the ceiling wall surface.</p> <p>2. During observation rounds in the kitchen with the Administrator and Maintenance Director on 3/5/25 from 1:40 pm -2:00 pm the following was noted</p> <p>a. There was a 4.5- foot piece of floor baseboard molding under the prep table on the right side of the main kitchen that was missing.</p> <p>b. There was a 7.0-foot piece of floor baseboard molding behind the ice machine and juice bar on the left side of the main kitchen that was not attached to the wall.</p> <p>c. There were 2 broken 1x1 ft floor tiles in the main kitchen area that were cracked.</p> <p>d. There were 2 eight- foot florescent ceiling lights in the main kitchen area that did not have protective sleeve covers.</p> <p>e. There were 4 three- foot florescent ceiling lights in the dry storage room that did not have protective sleeve covers.</p> <p>During an interview with the Maintenance Director and Administrator on 3/7/25 at 1:00 pm the Maintenance Director stated that he makes monthly rounds on all of the resident rooms. He stated that staff communicate the need for repairs on the work order TELS system and he was not aware of the needed repairs in rooms [ROOM NUMBERS]. The Administrator stated that making the noted repairs would improve the homelike environment for the residents. The Maintenance Director further stated that he made monthly rounds in the kitchen and was aware of the noted areas needing repaired. The Maintenance Director stated the kitchen light bulbs without sleeves could allow glass spillage onto the kitchen floor if the ceiling light bulbs break. The Administrator stated that all of the noted areas needing repair in the kitchen could affect employee safety and general food preparation.</p> <p>Record review of the undated TELS weekly, bi-weekly, and monthly maintenance task form revealed that there was not a resident room inspection task listed, and there was not a kitchen inspection task listed.</p>		