

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

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/11/2026
NAME OF PROVIDER OR SUPPLIER Paradigm at Sweeny		STREET ADDRESS, CITY, STATE, ZIP CODE 109 N McKinney Sweeny, TX 77480	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure a resident, with or without an indwelling catheter, receives the appropriate care and services to prevent urinary tract infections to the extent possible for 1 of 3 (Resident #1) reviewed for incontinent care. -CNA did not remove his contaminated gloves nor performed hand hygiene while providing incontinent care for Resident #1; placing the resident at risk for UTI infection due to the incorrect incontinent care procedure. This failure could place residents at risk for UTI infections or hospitalizations. Findings Included: Record review of face sheet for Resident # 1, dated 5/11/2026, revealed a 73- year-old male admitted to the facility on [DATE] with the following diagnosis: metabolic encephalopathy (altered brain function or structure caused by an underlying systemic illness), cellulitis of other sites (bacterial skin infection), dementia (cognitive loss), muscle wasting and atrophy lower leg (loss of muscle mass or tissue in the right calf or shin, and diabetes mellitus (high blood sugar). Record review of Resident # 1's Comprehensive Minimum Data Set assessment, dated 4/20/2026 indicated he had a BIMS of 05 which indicated the resident's cognition was severely impaired. The MDS revealed Resident # 1 required maximal assistance with toileting hygiene. The MDS revealed that Resident # 1 was frequently incontinent of bladder and bowel. Record review of Resident # 1's Comprehensive Care Plan, dated 4/24/2026, revealed the resident required assist X 1 with bathing/hygiene and toileting. Resident # 1 was incontinent of bowel and bladder. The interventions included monitor signs or symptoms of UTI (Urinary Tract Infection): pain-burning, blood-tinged urine, cloudiness, no output, deepening of urine color, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior and change in eating patterns. Perform routine rounding to include incontinence care and brief changing. Report any changes in skin integrity to the nurse. During an observation on 5/11/2026 at 8:55 am CNA A was providing incontinent care for Resident # 1. CNA A opened and pulled down Resident # 1's adult brief. CNA A wiped three times on Resident # 1's right groin and CNA A did not clean Resident # 1's left groin nor did he pull the foreskin of Resident # 1's penis to clean. CNA A stopped providing care to retrieve a trash can located in Resident # 1's room. CNA A picked up the trash can with his dirty gloves still intact and proceeded to put the trashcan on the side of Resident # 1's bed. CNA A failed to change his glove or provide proper hand hygiene. CNA A proceeded to place a clean adult brief on Resident # 1. Resident # 1 had visible yellow residue on his right buttock area which was transferred to the clean brief. CNA A wiped between Resident # 1's buttocks while utilizing the same wipe to clean this area. Once, CNA A completed cleaning Resident # 1's buttock CNA A did not change his gloves nor provide proper hand hygiene while he finished applying the clean brief. CNA A proceeded to touch Resident # 1's bedside table to set up food tray with the same gloves he utilized to provide incontinent care. During an interview on 5/11/2026 at 9:27 am, CNA A stated he should have changed gloves as soon as he was done with Resident # 1's peri care. CNA A stated that he should have removed contaminated gloves and performed hand hygiene after touching Resident # 1 environment due to those surfaces having germs. CNA A stated that the importance of providing proper peri care is to ensure that residents do not have any moisture. During an interview on (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/11/2026 at 11:12 am with the DON, the DON stated that the facility follows CDC recommendations regarding hand hygiene. The DON stated by CNA A touching multiple surfaces after performance of incontinent care to Resident # 1 could have case cross-contamination. The DON stated that gloves should be changed when they are soiled or after every task. She stated that every third time of hand sanitizer staff should wash their hands. She stated that CNA A was in-serviced on incontinent and peri care on 5/4/2026Record review of the facility's Perineal Care, dated 12/2023, revealed the following:1.The facility will provide perineal care in a manner that maintains privacy, reduces the risk of infection, and promotes skin integrity.a. privacy-close the door and pull the privacy curtain.b. cleaning- for male residents, retract the foreskin (if applicable), and clean the penis from the tip down to the base, then clean the scrotum.c. applying clean brief- removed soiled gloves and dispose of them properly, perform hand hygiene thoroughly, and apply new gloves.d. disposal and cleanup- wash hands thoroughly after removing gloves, clean and stores reusable supplies according to facility protocol.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to maintain an infection control program designed to provide a safe, comfortable, and sanitary environment to prevent the development and transmission of disease and infection for one (Resident # 1) of three residents reviewed for infection control. CNA A, on 5/11/2026, did not remove his contaminated gloves nor performed hand hygiene after touching multiple surfaces prior to and after incontinent care to Resident # 1. This failure could place residents at risk for spread of infection and cross contamination. Findings Included: Record review of face sheet for Resident # 1, dated 5/11/2026, revealed a 73- year-old male admitted to the facility on [DATE] with the following diagnosis: metabolic encephalopathy (altered brain function or structure caused by an underlying systemic illness), cellulitis of other sites (bacterial skin infection), dementia (cognitive loss), muscle wasting and atrophy lower leg (loss of muscle mass or tissue in the right calf or shin, and diabetes mellitus (high blood sugar). Record review of Resident # 1's Comprehensive Minimum Data Set assessment, dated 4/20/2026 indicated he had a BIMS of 05 which indicated the resident's cognition was severely impaired. The MDS revealed Resident # 1 required maximal assistance with toileting hygiene. The MDS revealed that Resident # 1 was frequently incontinent of bladder and bowel. Record review of Resident # 1's Comprehensive Care Plan, dated 4/24/2026, revealed the resident required assist X 1 with bathing/hygiene and toileting. Resident # 1 was incontinent of bowel and bladder. The interventions included monitor signs or symptoms of UTI (Urinary Tract Infection): pain-burning, blood-tinged urine, cloudiness, no output, deepening of urine color, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior and change in eating patterns. Perform routine rounding to include incontinence care and brief changing. Report any changes in skin integrity to the nurse. During an observation on 5/11/2026 at 8:55 am CNA A was providing incontinent care for Resident # 1. CNA A opened and pulled down Resident # 1's adult brief. CNA A wiped three times on Resident # 1's right groin and CNA A did not clean Resident # 1's left groin nor did he pull the foreskin of Resident # 1's penis to clean. CNA A stopped providing care to retrieve a trash can located in Resident # 1's room. CNA A picked up the trash can with his dirty gloves still intact and proceeded to put the trashcan on the side of Resident # 1's bed. CNA A failed to change his glove or provide proper hand hygiene. CNA A proceeded to place a clean adult brief on Resident # 1. Resident # 1 had visible yellow residue on his right buttock area which was transferred to the clean brief. CNA A wiped between Resident # 1's buttocks while utilizing the same wipe to clean this area. Once, CNA A completed cleaning Resident # 1's buttock CNA A did not change his gloves nor provide proper hand hygiene while he finished applying the clean brief. CNA A proceeded to touch Resident # 1's bedside table to set up food tray with the same gloves he utilized to provide incontinent care. During an interview on 5/11/2026 at 9:27 am, CNA A stated he should have changed gloves as soon as he was done with Resident # 1's peri care. CNA A stated that he should have removed contaminated gloves and performed hand hygiene after touching Resident # 1 environment due to those surfaces having germs. CNA A stated that the importance of providing proper peri care is to ensure that residents don't have any moisture. CNA A stated that enhanced barrier protection is sine type of bacteria that can spread during contact. CNA A stated that if a resident is on EBP the proper PPE should be worn. CNA A stated he was in-serviced on Peri Care and EBP on 5/4/2026. During an interview on 5/11/2026 at 11:12 am with the DON, the DON stated that the facility follows CDC recommendations regarding hand hygiene. The DON stated by CNA A touching multiple surfaces after performance of incontinent care to Resident # 1 could have case cross-contamination. The DON stated that gloves should be changed when they are soiled or after every task. She stated that every third time of hand sanitizer staff should wash their hands. She stated that CNA A was in-serviced on incontinent and peri care on 5/4/2026 Record review of the facility's Perineal Care, dated 12/2023, revealed the following: 1. The facility will provide perineal care (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in a manner that maintains privacy, reduces the risk of infection, and promotes skin integrity.a. privacy-close the door and pull the privacy curtain.b. cleaning- for male residents, retract the foreskin (if applicable), and clean the penis from the tip down to the base, then clean the scrotum.c. applying clean brief- removed soiled gloves and dispose of them properly, perform hand hygiene thoroughly, and apply new gloves.d. disposal and cleanup- wash hands thoroughly after removing gloves, clean and stores reusable supplies according to facility protocol. Record review of the facility's Infection Control Program, dated 6/2024, revealed the following:The Facility will establish a comprehensive infection control program encompassing essential elements to safeguard the health and safety of residents, staff, and visitors. The Facility is dedicated to maintaining a safe and healthy environment by implementing an effective infection control program that adheres to state and federal regulations and follows evidence-based practices recommended by the CDC.1. Program Objectives-The facility promotes awareness and adherence to infection control practices through the Infection Control Committee2. Environmental Safety- The cleanliness and hygiene standards within the Facility are paramount for effective infection control practices. By maintaining a clean and safe environment, nursing homes can reduce the risk of healthcare-associated infections and protect the health and well-being of residents, staff, and visitors.		