

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Homestead Nursing and Rehabilitation of Baird		STREET ADDRESS, CITY, STATE, ZIP CODE 224 E 6th St Baird, TX 79504	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week for 3 of 12 months ([DATE], [DATE], and [DATE]) reviewed for RN coverage. The facility failed to ensure that an RN worked 8 consecutive hours a day, seven days a week for 5 days of 90 days in [DATE], [DATE], and [DATE]. This failure could place the residents at risk of not having decisions made that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring the direct care staff. Findings included: Record review 2/11/26 of the CMS' PBJ Staffing Data Report, (payroll-based journal nurse staffing and non-nurse staffing datasets provide information submitted by nursing homes including rehabilitation services on a quarterly basis) FY Quarter 1 and 2, revealed partial or no evidence of RN coverage for 5 of 90 days: 1. 11/1/2025 with no RN coverage. 2. 11/16/2025 with no RN coverage. 3. 11/22/2025 with no RN coverage. 4. 11/23/2025 with no RN coverage. 5. 01/11/2026 with no RN coverage. In an interview and record review on 2/10/26 at 10:00 AM, the DON provided the timecard reports for the months of [DATE], [DATE], and [DATE]. They revealed there was no RN coverage or a full 8 hours of RN coverage for dates: 11/1/2025, 11/16/2025, 11/22/2025, 11/23/2025, and 01/11/2026. The DON verbally confirmed there was no RN coverage or a full 8 hours of RN coverage for those dates. In an interview on 2/11/2026 at 2:04 PM, the DON said her understanding of the facility policy was an RN to be on staff 8 hours a day. However, it took them a long time to find RNs. She said they try the best they can, and they are not always successful. She stated it was always better to have them. DON states she started working at facility in November 2025. When asked about what the possible negative outcomes would be if a resident needed an assessment that only an RN could do, she said I always answer my phone and if they call, I'm coming. DON states that she worked any days that are not covered by RN on weekends. A facility policy statement was provided that states A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week.</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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>Based on interview and record review the facility failed to ensure that nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care for 2 Nurse Aides (NA A and NA B) of 4 nurse aides reviewed for proficiency of nurse aides. The facility failed to ensure NA A and NA B were CNAs after four months of being hired. This failure could place residents at risk of not being provided care by qualified staff, which could cause inadequate care and injury resulting in decreased health and psycho-social well-being. Findings include: 1. Record review of NA A's employee record revealed she was hired 03/1/25 as a Nurse Aide trainee. Her Texas Performance Nurse Aide Program training was completed on 03/30/25, and NA A completed skills checkoffs on resident care and services. There was no proof of her being a Certified Nurse Assistant. Record review of NA A's Timesheet at [This Facility] revealed her date of hire was 03/1/25 and started working regular hours on 03/1/25. NA A was still employed at facility as of 2/8/2026. Observation was made of NA A providing resident care on 2/8/2026 at 1:45pm. 2. Record review of NA B's employee record revealed she was hired on 08/6/25 as a Nurse Aide trainee. Her Texas Performance Nurse Aide Program training was completed on 01/30/26 and she completed skills checkoffs on resident care and services. There was no proof of her being a Certified Nurse Assistant. Record review of NA B's Timesheet at [This Facility] revealed she was hired on 08/6/25 and started working regular hours on 07/13/24. Observation of NA B providing resident care on 02/8/26. Interview on 02/8/26 at 1:00 PM, the DON stated they had NA's who provided care to the residents but as of today NA A and NA B were not going to work until they passed the CNA test. DON stated she did not have a date on when NA A and NA B were going to take their CNA test. DON states she became DON in November 2025 and knew the NA's had completed their classes and competencies done but did not know that NAs needed to be certified within 120 days of hire. Record review of the facility Policy (no title), undated revealed the following: In Texas, trained but non-certified nurse aides (often referred to as temporary nurse aides) may work in nursing homes for up to four months while pursuing certification, according to Texas Health and Human Services (HHSC) regulations. While they must operate under the general supervision of a licensed nurse, they are not strictly required to have a Certified Nurse Aide (CNA) present at all times, provided they have completed the necessary training, as explained in eCFR. Key Requirements and Constraints: Four-Month Limit: A facility cannot employ a non-certified aide for more than four months; they must pass the state certification exam within this timeframe. Supervision: While they do not need a CNA alongside them, they must be under the general supervision of a licensed nurse (RN or LVN). Scope of Practice: Uncertified aides may only perform tasks they have been trained for and found proficient in by their instructor. COVID-19 Waivers Ended: The emergency waivers that allowed for longer periods of uncertified work have ended, with most requiring certification to be finalized by mid-2023. The facility must ensure the aide is on the path to being listed on the Nurse Aide Registry</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based 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 for one (Resident #1) of 2 residents reviewed for Infection Control. The facility failed to ensure NA A performed hand hygiene and glove change while providing incontinent care to Resident #1 on 02/8/26. This failure could place residents at risk of cross-contamination and development of infections. Findings included: Record review of Resident #1's Face Sheet, dated 2/8/26 reflected Resident #1 was an [AGE] year-old female with admission date of 02/26/24. Resident #1 has diagnoses including hemiplegia and hemiparesis (condition that affects movement on one side of the body), sepsis (life threatening infection), and kidney failure (kidneys do not filter waste and toxins from blood). Record review of Resident #1's Quarterly MDS Assessment indicated Resident #1 has BIMS score of 00 (severely cognitively impaired). Transferring max assistance, toileting max assistance, and bathing max assistance. Record review of Resident #1's Comprehensive Care Plan dated 2/1/26, risk of pressure ulcer and other skin issues- interventions, check for incontinence during rounds, provide care as needed. During an observation on 02/08/2026 at 1:45 PM NA A performed peri care to Resident #1. NA A did not perform hand washing, hand hygiene, or glove changes in between dirty and clean brief change or redressing resident. Interview on 02/11/26 at 9:00 AM, NA A stated she should have changed her gloves after cleaning the perineal area and before opening the new brief. She also said she also should have changed her gloves after cleaning the resident's bottom and before touching the new brief again. She said she did not do any hand hygiene all throughout incontinent care. She said she would be mindful to change her gloves after touching something dirty and doing hand hygiene. In an interview on 02/11/2026 at 3:35 PM, the DON stated the expectation was for the staff to follow the policy and procedures pertaining to infection control. Cross contamination could contribute to infection. DON states she will in-service staff on proper hand hygiene and peri-care policy. Record review of the facility Perineal Care Policy dated 2001 MED-PASS, indicated the following: Purpose The purpose of this procedure is to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the residents' skin condition. Preparation 1. Review the resident's care plan/profile to assess any special needs of the resident. 2. Assemble the equipment and supplies as needed. Steps in the Procedure 1. Beginning steps a. Wash hands. Wear gloves and follow Standard Precautions if contact with blood or body fluids is likely.</p>		