

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Bangs Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Fitzgerald Bangs, TX 76823	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Bangs Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Fitzgerald Bangs, TX 76823	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 6 of 6 residents (Residents #3, Resident #10, Resident #16, Resident #17, Resident #25, and Resident #30) reviewed for care plans. 1.The facility failed when Resident #3 did not have a comprehensive care plan dated 05/13/2025 that included measurable goals related to therapeutic diet, PASRR positive status, medication use, risk for seizures and contractures, or food intake. 2.The facility failed when Resident #10 did not have a comprehensive care plan dated 07/29/2025 that included measurable goals related to nutritional needs, roommate, PASRR status, communication, medication use, falls, pain and altered comfort. 3.The facility failed when Resident #16 did not have a comprehensive care plan dated 07/29/2025 that included measurable goals related to behaviors, medication use, and antipsychotic medications. 4.The facility failed when Resident #17 did not have a comprehensive care plan dated 06/17/2025 that addressed physician ordered fluid restrictions. 5.The facility failed when Resident #25 did not have a comprehensive care plan dated 06/17/2025 that included measurable goals related to pain management, physical functioning, medication use, and nutrition. 6.The facility failed when Resident #30 did not have a comprehensive care plan dated 07/29/2025 that included measurable goals related to physical functioning, medication use, falls, edema, and hospice care. This failure could affect residents by placing them at risk of not receiving individualized care and services to achieve their goals.The findings included the following: 1. Review of Resident #3's Resident Face Sheet, dated 08/05/25, revealed he was a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses including cerebral palsy, anxiety, epilepsy, major depressive disorder, history of falls, edema, weakness, urinary tract infection, depression, and problems with swallowing. Review of Resident #3's Annual MDS Assessment, dated 04/12/2025 Section C - Cognitive Patterns, subsection C0500 BIMS Summary Score revealed he had a BIMS score of 3 out of 15, indicating severe cognitive impairment. Review of Resident #3's Comprehensive Care plan reviewed/revised 05/13/2025 revealed the following: Focus: [Resident] is receiving a therapeutic or altered consistency diet and is at risk for nutritional impairment. Goal: [Resident] will have adequate fluid intake . Focus: Resident has been identified as having PASRR positive status related to an intellectual disability/developmental disability. Goal: Resident will maintain his/her highest level of practicable wellbeing . Focus: Black Box warning: This medication/s has a black box warning, the strongest warning mandated by the FDA, which indicates a need to closely evaluate and monitor the potential benefits and risks of the medication. Black box warning sign due to drug use of Furosemide (diuretic or water pill), Tramadol (opioid pain medication), Linzess (used to treat irritable bowel syndrome), Depakote 9anticonvulsant), Citalopram (antidepressant), Seroquel (antipsychotic), Lorazepam (anxiety), IBU (non-steroidal anti-inflammatory). Goal: Facility to educate him/her/representative about the risk and benefits of drug and safety measures will be maintained to prevent or lessen any adverse reactions or injury from the drug use. Focus: [Resident] has Dx of Cerebral Palsy and is at risk for seizure activity and worsening of contractures. Goal: [Resident] will be able to function at the fullest potential possible . Focus: Potential for altered comfort r/t GERD. Goal: Resident will maintain adequate intake . Goals: continued review of Resident #3's comprehensive care plan dated 05/13/2025 did not include measurable goals related to therapeutic diet, PASRR positive status, medication use, risk for seizures and contractures, or food intake. 2. Review of Resident #10's Resident Face Sheet, dated 08/05/2025, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with medical diagnoses including anxiety, epilepsy, quadriplegia, malnutrition, difficulty swallowing, intellectual disabilities, weakness, repeated falls, impulse disorder, incontinence of bowel and bladder, inability to speak, contracture of both hands, and a vitamin deficiency. Review of Resident #10's Quarterly MDS Assessment, dated 07/22/2025 revealed she had a BIMS score of 00 out of 15, indicating severe cognitive impairment. Review of Resident #10's Comprehensive Care Plan reviewed/revised 07/29/2025 revealed the following: Focus: [Resident] is receiving a therapeutic or altered consistency diet and is at risk for nutritional impairment. Goal: [Resident] will have adequate fluid intake . Focus: Per responsible party may room with life long room mate. Goal: Provide privacy for all ADLs initiated 07/25/2022. Focus: Resident has been identified as having PASRR positive status related to an intellectual disability/developmental disability. Goal: Resident will</p>		