

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Navasota Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 E Washington Navasota, TX 77868	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Navasota Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 E Washington Navasota, TX 77868	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the residents' environment remained as free of accident hazards as was possible and ensure each resident received adequate supervision and assistance devices to prevent accidents for one (Resident #1) of three residents reviewed for accidents and hazards. The facility failed to ensure CNA A, on 07/30/25, did not transfer Resident #1 from his bed to a shower chair without using two people and a mechanical lift. Resident #1 fell and suffered pain to his right ankle and behind his right knee. The noncompliance was identified as Past Noncompliance. The Immediate Jeopardy (IJ) began on 07/30/25 and ended on 07/30/25. The facility had corrected the noncompliance before the survey began. This deficient practice placed residents at risk of pain, injury, and hospitalization. Findings included: Review of Resident #1's face sheet dated 08/08/25 reflected a [AGE] year-old male who was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including cerebral palsy (a group of neurological disorders that primarily affect movement and muscle coordination), other reduced mobility (a situation where an individual's ability to move is impaired, but not due to a specific condition), and lack of coordination (refers to a condition where a person experiences difficulty with smooth, precise movements). Review of Resident #1's care plan revised on 05/21/2025 reflected Resident #1 had an ADL self-care deficit related to impaired cognition and decreased mobility with intervention dated 07/30/25 that stated Resident #1 required a mechanical lift and assist of 2 staff for transfers. Review of Resident #1's Quarterly MDS dated [DATE], reflected a BIMS score of 15 indicating no cognitive impairment. Review of nursing notes dated 07/30/2025 by LVN B reflected Resident #1 had a fall in his room when he was being assisted by CNA A and slid out of chair. LVN B was notified by CNA A that Resident #1 was lowered to the floor in room. CNA A stated that Resident #1 was being transferred to a shower wheelchair and wheels on wheelchair would not lock completely and CNA A then lowered Resident #1 to the ground for safety to get nurses' help. CNA A and LVN B got Resident #1 onto [mechanical lift] pad and lifted Resident #1 via [mechanical lift] onto the shower bed. Resident #1 appeared and/or states to be in pain. Resident #1 described the pain as Sharp, Location of pain: right ankle Pain relieving intervention used at this time. PRN pain medication given and STAT x-ray in place. Resident Statement: The wheels on the chair wouldn't lock and CNA A helped me to the floor. MD/NP and RP notified. Review of witness statement by CNA A dated 07/30/25 reflected CNA A was going to give [Resident #1] a shower and planned to put him in the shower chair. When I was transferring him to the chair the brakes didn't fasten enough and the chair went back I assisted him down to the floor and made sure he was ok I went and got my nurse to assist and assessed him and we got him back in the shower bed with the [mechanical lift] and give him the shower and we put him back in the wheelchair for the day. Review of Resident #1's 07/30/25 radiology results reflected no fracture of Resident #1's right ankle. Interview on 08/08/25 at 9:39 am with Resident #1 reflected he fell a while ago when he was being transferred to a chair. He said he was sore for several days after he fell. He said he asked CNA A why there was not another person in there when she was transferring him from the bed to the chair because he said it took two people to transfer him. He said CNA A told him it did not take two people to transfer him. Interview on 08/08/25 at 1:40 pm with CNA A reflected she was going to transfer Resident #1 from his bed to a shower chair, but the chair went back, and she assisted Resident #1 to the floor. She stated Resident #1 did not hit his head. CNA A said Resident #1 was care planned for a mechanical lift, which required two people when transferring a resident, and she was in Resident #1's room alone transferring him not using the mechanical lift. CNA A said she was transferring him alone because she was just going to move him to the shower chair and she could transfer him to the shower chair not using a mechanical lift, which required two people. She said she had not previously transferred him alone, she always used the mechanical lift but because she was going to transfer him from the bed to shower chair, she felt like she could transfer him without using two people and a mechanical lift. CNA A said Resident #1 did not ask her why there were not two people transferring him or why she did not use a mechanical lift. She stated she was familiar with the Kardex (a documentation system that provides a concise summary of patient information, aiding nurses in organizing and referencing patient care details). She said the Kardex gave information about the residents' transfer status and included how to transfer Resident #1 when he was going to have a shower. She stated she was trained at the facility on how to use a mechanical lift and was told a mechanical lift always required two people. CNA A said she thought Resident #1 used a mechanical lift</p>		