STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Navasota Nursing & Rehabilitation	1405 E Washington Navasota, TX 77868

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interviews, and record review, the facility failed to ensure each resident was treated with respect, dignity and care for 1 of 6 residents (Resident #2) observed for resident rights. The facility failed to ensure Resident #2's door was closed when provided with personal care on 5/5/2026.This failure could place residents at risk of feeling embarrassed, loss of dignity and decrease in quality of life.Findings included:Review of Resident 2's Face sheet dated 05/05/2026 reflected an admission date of 12/23/2025 with diagnoses of unspecified dementia (cognitive decline,) monoclonal gammopathy (blood disorder where cells produce abnormal; proteins) and end stage renal disease (final irreversible stage of kidney failure). Review of Resident 2's MDS assessment, dated 03/27/2026, reflected Resident #2 had a BIMS score of 11 out of 15, indicating moderative cognitive impairment. Review of Resident 2's comprehensive care plan on 05/05/2026, reflected resident has an ADL Self Care Performance Deficit related to impaired cognition and debility.Observation on 5/05/2026 at 9:12 AM, revealed CNA C and HA E provided personal care to Resident #2 with her door open. Resident#2 was observed to be completely naked in her bed from the hallway.Interview conducted on 05/05/2026 at 10:43 AM, Resident #2, stated she did not notice that the door had been left open during her personal care; however, she stated it would bother her if the door was left open while receiving care.Interview conducted on 05/05/2026 at 4:12 PM, HA E revealed that he had been trained in dignity and resident rights. He stated that when providing personal care, staff should close the door to ensure privacy. HA E stated he was in Resident #2's room for an observation. The HA E acknowledged that not closing the door could affect the resident's dignity, stating it could be embarrassing for the resident and she could feel ashamed.Interview conducted on 05/06/2026 at 12:26 PM, CNA C stated she had worked at the facility for 3 days and she has been a CNA since October 2025. She stated she had received training regarding dignity and resident rights. CNA C stated the door should not have been left open while providing personal care to Resident #2. She stated things happened quickly due to the shower bed being in the room leaving less space and the hospitality aide being present for observation because he had an upcoming CNA test. CNA C stated the incident could cause a resident embarrassment and a loss of privacy and dignity.Interview conducted on 05/06/2026 at 2:30 PM, the ADM stated it was her expectation for the nursing staff, when providing care, to provide privacy and should pull the privacy curtain at a bare minimum and should have closed the door. The ADM stated it could make residents feel as their privacy was invaded.Review of facility's Resident Rights policy, undated, reflected: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy.Respect and dignity- The resident has a right to be treated with respect and dignity. Privacy and confidentiality - The resident has a right to personal privacy and confidentiality of his or her personal and medical records. 1. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received care and services, consistent with professional standards of practice to maintain skin integrity to prevent the development of pressure ulcers and other skin conditions for three (Resident #1, Resident #3 and Resident #4) of four residents reviewed for skin integrity. The facility failed to consistently complete, and documents required skin checks weekly for three residents (Resident #1, Resident #3 and Resident #4).This failure put residents at risk for undetected skin issues, worsening skin issues and decreased quality of life.Findings included: Review of Resident #1's face sheet shows an admission to the facility on [DATE]. Diagnoses include Alzheimer's Disease, protein calorie malnutrition, anemia, depression, insomnia, and cerebral infarction. Review of Resident #1's Minimum Data Set Assessment and Care Screening dated 3-26-2026 Resident #1 requires maximum assistance of the helper to roll left to right, for toileting, dressing, and complete personal hygiene. Resident #1's Brief Interview of Mental Status is scored a 4- indicating severe cognitive impairment. Review of Resident #1's care plan dated 3-31-2026, states resident is at risk for malnutrition and has the potential for pressure ulcer development related to decreased mobility and end stage disease. Care plan includes interventions for Resident #1 wishing to be bedfast all the time, requires maximal assistance with incontinent care and skin inspection weekly and as needed.Review of Resident #3's face sheet shows admitted to the facility on [DATE] with diagnosis list of Alzheimer's disease with late onset, essential hypertension, atherosclerotic heart disease of native coronary artery without angina pectoris, varicose veins of bilateral lower extremities with other complications, lymphedema, edema, and unspecified protein calorie malnutrition. Review of Resident #3's Minimum Data Set Assessment and Care Screening dated 4-9-2026 Resident #3 requires maximum aid of a helper to roll left to right, for toileting, and to dress or complete personal hygiene. Resident #3 Brief Interview of Mental Status scored an 8 showing resident has moderately cognitive impairment. Review of Resident #3's care plan states Resident #3 has an Activities of daily living self-care performance deficit related to impaired cognition and decreased mobility. Review of Resident #3's care plan dated 4-16-2026 includes interventions to dress, provide personal hygiene, and aid with any mobility. Resident #3's care plan also mentions behaviors being non-compliant with staff, has potential for nutritional problems, and has pressure ulcer potential for ulcer development.Review of Resident #4 face sheet shows an admission date to the facility of 4-11-2024. Resident #4's main diagnosis are dementia, anxiety, protein calorie malnutrition, essential hypertension and chronic heart failure. Review of Resident #4 ?s Brief Interview of Mental Status done on 2-26-2026 was listed as a 9 which is moderately cognitive impaired. Review of Resident #4's Care Plan dated 3-27-2026, lists potential for pressure ulcer development related to decreased mobility and incontinence. Record Review showed Resident # 1's skin assessments were completed on 4-8-26, 4-21-2026 and then again on 5-5-2026. Each skin check being more than 7 days apart. Weekly ulcer assessments were dated 4-6-2026; 4-20-2026, 4-21-2026 and 5-5-2026. There was no evidence staff consistently identified skin concerns timely or implemented interventions based on ongoing assessment record review findings. Record review of Resident #3 weekly skin assessments has dates of 4-8-2026, 4-19-2026, 4-21-2026 and 5-5-2026. Weekly ulcer Assessments are dated 4-21-2026, and 5-5-2026. There was no evidence staff consistently identified skin concerns timely or implemented interventions based on ongoing assessment record review. Record review of Resident #4 weekly skin assessments listed assessments done 4/9/2026, 4/21/2026 and 5/5/2026. Observation/Interview of Resident #1 on 5-5-2026 at 1:20pm. Resident #1 in bed, head of bed up, long grey hair on pillow, no odor, appears clean. Resident #1 new dressing to R heel, dressing clean dry intact and dated 5-5-2026. Resident's bilat feet on pillow with noted stiffness/contractures- in-toeing position. Resident # 1 grimaced when sheet lifted to look at feet and 5-5-26 was the date on the dressing. Resident #1 stated any movement (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of her feet hurts her. Observation of Resident #1 on 5-5-2026 at 3:30 pm observed CNA B and RNC doing peri care and skin check on Resident #1. Coccyx -Sacral area intact, no red areas noted, resident's dressing to right heel/foot in place. Resident #1 refuses feet raised on multiple pillows and requests to be flat on back in bed. When questioned if there was pain, Resident #1 stated no pain, until repositioned or moved. Observation of Resident #3 on 5-5-2026 at 1:05pm with CNA B in room with resident, CNA B states she had just changed resident CNA B stated new small red area was noted to her foot. CNA B said it wasn't there before- she will notify nurse. Resident #3 alert and not oriented to time or place, dressed and appears clean with no foul odor present. Observation 5-5-26 at 3:07 pm Resident#3 seen in chair, CNA B and RNC aids with changing resident to check report by CNA B. Resident's bed moved to lowest position, resident transferred from chair to bed. Resident #3's buttocks appeared covered with barrier cream. When cleaned on sacrum there was skin sheering in appearance areas small skin areas that are previously noted in record review for wound care. Areas around red sacral areas are assessed by RNC. CNA B reports foot change and foot assessed by RNC. Resident #3 foot appears bruised or red, RNC states new injury. Resident #3 states she does sit in recliner and wants to be put back in recliner after brief changed. After CNA B opens brief wiping and cleaning peri area, CNA B applies barrier ointment applied to buttocks for protection. New incontinence brief applied and patient moved back in recliner per her request. Interview on 5-5-26 at 2:11pm with Resident #1's RP in room with resident. RP states resident has been bed bound for 1 1/2 years and in the past had a wound to buttocks that did heal. Wound was not at this facility. Resident #1's RP has no complaints about nursing and hospice nurses are good. RP states he comes and visits facility at least 3 times a week. States anything that changes they let him know and he is aware of feet issues. Resident#1 is not compliant; RP said Resident #1 refused to wear heel protectors. RP said Resident #1 hates to be turned. RP was happy with the pressure-relief mattress and their attempts to keep her skin from breaking down. RP says he isn't aware how often they check Resident #1's skin. Interview on 5-5-26 at 3:30 pm RNC states wound care will be completed on Resident #3 as previously ordered they just wanted to change Resident #3 because dressing must have fallen off and RNC needed to look at foot as reported by CNA B, because the skin checks weren't done last week. Interviews with RNC on 5-5-26 at 3:30 pm and 5-6-2026 at 12:50 pm confirmed skin assessments were expected per facility policy and in-service. Inservice was led by RNC on 4-21-2026 and 4-24-2026; however, RNC acknowledged skin checks were not consistently completed as in-service. RNC states that by not providing skin assessments weekly it places residents at risk for undetected skin impairment, delayed skin interventions, avoidable breakdown, pressure ulcer development, worsening wounds, infection, and compromised health outcome.Interview with ADON 5/6/2026 at 1:13pm stated skin assessments are important often because the assessment tends to find things that weren't there before. ADON tells the facility's plan said every 7 days, and normally the wound care nurse should have completed. If assessments are not done ADON states harm from skin health can occur, pain and can have issues needing hospital or antibiotics. If wounds are not given to the wound care team timely, it is overlooked and the harm will be worse. Overlooking wound care referrals can cause infection, breakdown, or other sores missed. Nurses and Administration should oversee wounds and skin assessments. Interview with DON on 5/6/2026 at 1:37pm -stated the skin assessments were missed because the system is to trigger skin sweep. The sweeps were going to be changed from the trigger dates to match the shower list, and so skin care checks would coincide with the showers. When DON worked on Saturday 4-26-2026 skin checks were done. DON says they did checks but DON didn't follow up to see that all was charted. Nurse that did assessments no longer work for the facility so DON should have followed up. Nurse was let go. Stated that was DON's fault. DON said facility cannot prove they were completed because they were never charted. DON states issues with missing the skin assessment was residents can end up in the hospital, with stage IV ulcers, it can be patient neglect, end in trouble with facility and nursing licenses. Recently DON was part of the plan for skin assessments and sat in on the in-services and was aware of the plan on 4-21-2026. DON states it was (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not followed because it was not charted, DON didn't have time. DON said administration handles ensuring compliance with skin assessment protocols for all residents.Interview with ADM on 5-6-2026 at 2:33 pm and ADM was unable to provide evidence that skin monitoring was being done as policy states. ADM states if the policy isn't followed skin can develop wounds, wounds can get worse and harm can happen. States nurses oversee skin assessments and as of yesterday 5-5-2026 have an acting treatment nurse RN A providing wound care and weekly skin assessments. In a follow-up interview conducted on 5/6/2026 at 2:40 PM with DON and ADM, they confirmed skin assessments were expected per facility policy; however, they acknowledged skin checks were not consistently completed as needed. Leadership was unable to provide evidence that monitoring systems were effective in ensuring compliance with skin assessment protocols for all at-risk residents. They stated this deficient practice placed residents at increased risk for undetected skin impairment, delayed intervention, avoidable skin breakdown, pressure ulcer development, worsening wounds, infection, and compromised health outcomes.Record review of facility policies showed that the facility failed to consistently complete, and document required skin checks weekly for 3 of 4 residents (Resident#1, Resident #3, and Resident #4) reviewed. Weekly skin assessments are listed in facility policy and updated on an in-service dated 4-21-2026 and 4-24-2026. Record Review of Facility Policy sent by RNC 5-6-2026 at 2:15pm labeled Pressure Injury: Prevention, Assessment and Treatment lists on page 3 under assessment reflected the following: All residents should have a skin assessment on a weekly basis completed in the EMR.Record Review of The Facility's Action Plan dated 4-21-2026 titled Skin Integrity Management and Weekly Skin Assessment and Daily Wound Care lists: Under Procedure-Weekly Skin Assessment Responsibility Licensed nurse (RN/LVN) and under frequency -weekly (every 7 days). Process is to perform head to toe skin inspection. Review of the facility policy (undated) directed that comprehensive skin assessments/skin checks were to be completed routinely and prompt, including upon admission, weekly, and with any change in condition, to find alterations in skin integrity and implement prompt interventions. However, the facility failed to consistently complete, and documents required skin checks for multiple residents, as outlined in its policy.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and interview, the facility failed to post on a daily basis information that included the facility name, current date, total number and actual hours worked by registered nurses, licensed practical or licensed vocational nurses, certified nurse aides directly responsible for resident care per shift and the resident census for 2 of 2 days (05/05/2026 - 05/06/2026) reviewed for posting of required information. The facility failed to post the required current nurse staffing and census information from 04/29/2026 to 05/05/2026. This failure could place all residents, their families, and facility visitors at risk of not having access to information regarding staffing data and the facility census.Findings included:During an observation on 05/05/2026 at 09:20 A.M., a document labeled [facility name] Federal and State Staffing Level Requirements, dated 04/28/2026, was posted on a wall outside the ADM's office passed following entry to the facility. The document included the following information: census and the number and hours worked of registered nurses, licensed vocational nurses, medication aides, and certified nurse aides for day shift, evening shift, and night shift. During an observation on 05/06/2026 at 08:39 A.M, a document labeled [facility name] Federal and State Staffing Level Requirements, dated 05/05/2026, was posted on a wall outside the ADM's office passed following entry to the facility. The document included the following information: census and the number and hours worked of registered nurses, licensed vocational nurses, medication aides, and certified nurse aides for day shift, evening shift, and night shift. During an interview on 05/06/2026 at 11:09 a.m., the ADM stated the facility did not have a policy on the daily nurse staffing and census posting. She stated the facility followed the state regulations. During an interview on 05/06/2026 at 11:55 A.M., the DON stated she has been with the facility for only two weeks. She stated she had not been previously involved with posting the nurse staffing and census information; however, the ADON was just designated to complete the postings 3 to 4 days ago. The DON stated the staff postings are required to be posted daily and are important because they provide information regarding staffing coverage for the residents. She stated it let families know there is enough staffing coverage in the building.During an interview on 05/06/2026 at 1:13 P.M., the ADON stated she had recently been designated the duty of putting up the nurse staffing information. She stated she was not aware that the previous ADON posted the information as she is new to the position as of the end of March 2026. The ADON stated she received training this week on posting the staffing information. She commented that she posted the staffing information late this morning.During an interview on 05/06/2026 at 1:13 P.M., the ADM stated the nursing department is responsible for posting the daily nurse staffing and census posting, specifically the ADON and charge nurse on the weekends. The ADM stated the posting had been overlooked and she realized something must have been missed when she saw surveyor was taking a picture of the wall.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, interview and record review the facility failed to ensure that the call light system was adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from residents room for 1 of 6 (Resident #1) residents reviewed for resident call system. The facility failed to ensure the call light system in Resident #1's room was functioning on 05/05/2026. This failure could place residents at risk of harm by not being able to call for help when needed and at risk of not receiving the care and services to maintain their highest level of well-being.Findings included: Review of Resident 1's Face sheet dated 05/05/2026 reflected an admission date of 12/13/2024 with diagnoses of Alzheimer's Disease (progressive irreversible brain disorder affecting memory, thinking, behavior), anemia (deficiency of healthy red blood cells) and depression (sadness in mood, loss of interest).Review of Resident 1's MDS assessment, dated 03/26/2026, reflected Resident #1 had a BIMS score of 4 out of 15, indicating significant cognitive impairment. Observation and interview on 5/05/2026 at 11:05 AM, Resident #1 was observed sitting in her bed. She stated she needed some help, then stated she does not remember what she needed help with at the time. Resident #1 stated she could call someone by pressing the button that was on her tray table. The button was observed not to be attached to anything. Resident #1 pressed the button while surveyor was present. Surveyor then advised Resident #1 that surveyor would go across the hall to wait and see if anyone responded.Observation and interview on 5/05/2026 at 11:30 AM, CNA D who was also a medication aid, stated she was there to give resident #1 some medicine, and she was not responding to the call button CNA D stated the call button rings at the nurses station and that Resident#1's call button should work, however she will check it. MTS was passing by the room, and CNA D asked him to check the call device, he led surveyor to the nurse's station, and the call button did not alert at the nurses station after being tested. MTS stated the call button was not working and he provided a new call button which worked immediately. Resident # 1 was given a new call button.In an interview conducted on 05/06/2026 at 11:09 AM, the ADM stated the facility did not have a policy on call buttons. She stated the facility followed the state regulations. In an interview conducted on 05/06/2026 at 11:20 AM, CNA D stated they are trained to answer call lights once activated. She stated the new call buttons system provides a specific number identifying the resident room that initiated the call. CNA D stated staff had not been provided guidance regarding routine checks to ensure the call light system was functioning properly unless a resident reported an issue. CNA D stated the potential harm is that residents may not be able to call for assistance when needed which could result in delayed care.In an interview conducted on 05/06/2026 at 12:50 PM, the MTS stated he was responsible for checking the new call system. He stated the new system was put in place one month prior. He stated his department checks the call system once a month. The MTS stated the call button Resident #1 had on the previous day was an old button. He stated he did not follow up to make sure all residents had a new replacement. The MTS stated the potential harm was residents would not be able to call for help when needed.In an interview conducted on 05/06/2026 at 2:28 PM, the ADON stated she was not aware Resident #1's call button did not work. She stated maintenance check for malfunctioning call buttons. The ADON stated that a broken call button could lead to several hazards.In an interview conducted on 05/06/2026 at 2:34 PM, the ADM stated the MTS check the call buttons monthly for correct functioning. She stated they are supposed to be checked daily by facility staff for any signs of malfunctions or broken parts. The ADM stated her expectation is for staff to report broken call buttons immediately. She states a resident could be on the floor and unable to call for help if needed.