

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Brownwood Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Miller Dr Brownwood, TX 76801	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44722</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure residents who needed respiratory care were provided respiratory care consistent with professional standards of practice for 1 of 25 residents (Resident #215) reviewed for oxygen administration.</p> <p>The facility failed to ensure an Oxygen in Use sign was posted on the outside of Resident #215's door.</p> <p>These deficient practices could place residents who received oxygen and treatments at risk of respiratory infection.</p> <p>The findings include:</p> <p>Record review of Resident # 215's face sheet dated 02/13/2025 revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease and shortness of breath.</p> <p>Record review of Resident #215's Entry MDS assessment dated [DATE] revealed: Section C (Cognitive Patterns) BIMS score had not been completed.</p> <p>Record review of Resident #215's Physician Orders revealed a start date of 02/07/2025 May use oxygen at 2-3 liters/minute via nasal canula.</p> <p>During an observation on 02/13/2025 at 2:18 PM, Resident #215's door to her room did not have a sign stating Oxygen in Use or No Smoking sign posted outside the entrance of her door.</p> <p>During an interview on 08/09/24 at 03:25 PM, the DON stated her expectation was that an Oxygen in Use or no smoking sign should have been placed on the outside of door of residents who used oxygen. The DON stated management staff were responsible for ensuring the signs were posted on the door. The DON stated the ADON and herself make random rounds daily throughout the facility. The DON stated the effect on residents would be that staff may not know who used oxygen during an emergency. The DON stated what led to failure was oversight.</p> <p>Record review of facility policy titled Oxygen Administration dated March 21, 2023, revealed: Place NO SMOKING signs in areas when oxygen is administered and stored.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44558</p> <p>Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored in permanently affixed compartments during medication storage inspection for 1 (cart #1) of 3 medication carts reviewed for storage in that:</p> <p>The facility failed to ensure medication cart #1 was locked and secured while unattended.</p> <p>This failure could result in a drug diversion.</p> <p>The findings include:</p> <p>During an observation and interview on 02/13/2025 at 1:55 PM, the medication cart was unattended at the nursing station with the drawers facing out, the button that locks the cart was not pushed in and the drawers opened when they were pulled. There was a resident standing within arm's reach of the medication cart. RN A was seen coming down the hall at 2:00 pm. RN A stated she had gotten distracted because therapy had asked her to do something.</p> <p>During an interview on 02/13/2025 at 02:15 PM, RN A stated the medication cart should not be left unlocked and unattended at any time. RN A stated she got called away to give a resident in physical therapy a medication and just forgot to lock medication cart. RN A stated the harm could be if a resident opened the medication cart and took a medication that was not prescribed for them, if could cause an adverse reaction to medication. RN A stated the types of medications stored on this cart are Insulin, are , creams, inhalers, nebulizers, glucometer and lancets, needles, alcohol wipe pads and over the counter pain relievers, vitamins, stool softeners. RN A stated she had been trained on use of medication carts and to keep the cart locked when not in use.</p> <p>During an interview on 02/13/2025 at 02:20 PM, the DON stated medication carts should always be locked when not in use. The DON stated the harm could be a resident or visitor accessed the medication cart and took a medication not for them. The resident or visitor could have allergic reaction, overdose for even cause death. DON stated her expectations were that all medication carts be always locked when not in use. DON stated and she and the ADON monitor medication carts throughout the day to ensure they are kept locked and secured for resident safety. DON failure likely occurred because nurse was in a hurry to get medication to resident and forgot to lock medication cart. DON stated all nurses and CMAs (certified medication aide) were trained on use of medication carts and when and how to lock them.</p> <p>Review of facility's policy titled:</p> <p>Medication Carts (ND)</p> <p>1. The medication carts shall be maintained by the facility.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> 2. The carts are to be locked when not in use or under the direct supervision of the designated nurse. 3. Carts not in use are to be stored in a designated area not blocking egress in the building. 4. Carts must be secured. 5. Cart should be clean

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44728</p> <p>Based on observations, interviews, and record reviews the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed, in that:</p> <ol style="list-style-type: none"> 1. Foods were not sealed and/or labeled properly in the facilities refrigerators (#1 and #2) and freezers (#2 and #3). 2. Ready to use clean utensils and napkins were placed and stored in uncleaned utensil holder. 3. Ready to use clean dishes, placed on and stored on top of uncleaned trays. 4. Cooking stove spill slats uncleaned with food particles and grease buildup. <p>These failures could place residents that eat out of the kitchen at risk for contamination and food borne illnesses.</p> <p>Findings included:</p> <p>During an observation on [DATE] beginning at 8:00 AM the facility kitchen revealed:</p> <p>Pantry</p> <ul style="list-style-type: none"> 2 bags of opened tortillas in a sealed bag undated or labeled. 1 bag of opened loaf of bread with no opened date. 2 bags of cereal in clear plastic bags with no received date. <p>Refrigerator #1</p> <ul style="list-style-type: none"> 1 bag of scrambled eggs in a clear plastic bag with no use by date. <p>Refrigerator #2</p> <ul style="list-style-type: none"> 1 tray of prepared resident tea and juice glasses, undated or labeled. <p>Freezer #1</p> <ul style="list-style-type: none"> 1 box of Peppered Fried Egg Patties unsealed and open to air. 1 box of Pork and Textured Vegetable Protein Egg Rolls unsealed and open to air. <p>Freezer #2</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1 box of Bread [NAME] Sandwich unsealed and open to air.</p> <p>1 box of Classic Red Velvet cookies, unsealed and open to air.</p> <p>Freezer #3</p> <p>1 box of Beef Patties unsealed and open to air.</p> <p>Ready to use clean utensils and napkins placed in uncleaned utensil holder. Ready to use clean dishes, placed on and stored on top of uncleaned trays. Cooking stove spill slats uncleaned with food particles and grease.</p> <p>During an interview on [DATE] at 7:45 AM the ADMN stated, all residents ate from the kitchen.</p> <p>During an interview on [DATE] at 8:30 AM the DM stated the open items should have been in a sealed package or container, labeled and dated with received date. She stated the products should have also contained an open date if there was not an expiration date on the item. The DM stated the dietary staff had a cleaning schedule and was to be done every day for the utensil tray and weekly for the spill slats of the stove. She stated she reviewed the times with the staff initials on the cleaning schedules, with it looked to have appeared as if the staff signed off on the task without properly been cleaned. She stated it was her as the DM who monitored staff and their kitchen tasks. The DM stated the opened and undated items could have possibly caused residents to receive cross contaminated food, as well as the unclean trays and equipment. She stated it could have made residents sick if the facility protocols were not followed. She stated the failure occurred with staff not following policy and protocols they were trained on, with that being her expectations.</p> <p>During an interview on [DATE] at 11:27 AM the ADMN stated the facility policy and procedures was for all food products to have been labeled and dated as well as when the product was opened. The ADMN stated that the kitchen equipment should have been cleaned and sanitized on a daily basis with a deeper cleaning on a weekly basis and an even deeper cleaning monthly. The ADMN stated, the dietary staff duty tasks not being performed correctly could have negatively affected residents with them getting sick from expired foods or if the products unlabeled, could have caused residents to have an allergic reaction. She stated the DM monitored, as well as the ADMN. She stated the failures occurred with the DM inefficiently monitoring staff with daily rounds. The ADMN stated her expectations were for all products to be labeled and dated which included the opened date, as well as include everything to be sanitized on a daily basis and monthly with no room for cross contamination.</p> <p>Record Review of facility's policy Storage Refrigerators dated 2012, revealed:</p> <p>.5. Food must be covered when stored, with a date label identifying what is in the container.</p> <p>Record Review of facility's policy Food Storage and Supplies, dated 2012 revealed:</p> <p>All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. We will ensure storage areas are clean .</p> <p>Procedure:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Dry bulk foods are stored in seamless metal or plastic containers with tight covers or bins which are easily sanitized. Containers are labeled Containers are cleaned regularly.</p> <p>4. Open packages of food are stored in closed containers with covers or in sealed bags, and dated as to when opened .</p> <p>.6.It is important to distinguish between an expiration date and a production date, or a best by or use by date .</p> <p>Record Review of facility's policy Dietary Food Service Personnel Policy and Procedures, dated 2012, revealed;</p> <p>Sanitation and Food [NAME]: .</p> <p>8. Work surfaces must be kept as neat and clean as possible during preparation and service. Clean up your area as you work .</p> <p>.11. All unused food must be securely covered. All items are to be dated and labeled as to their content. Store items in their original container .</p> <p>Record Review of facility's policy Equipment Sanitation, dated 2012, revealed:</p> <p>We will provide clean and sanitized equipment for food preparation. The facility will clean all food service equipment in a sanitary manner .</p> <p>Procedure:</p> <p>1. Equipment must be thoroughly sanitized between use in different food preparation tasks</p> <p>.3. Food carts will be cleaned and sanitized after each meal</p> <p>Review of FDA Food Code 2022: Full Document accessed on [DATE] in annex 7 page 37, 38 revealed:</p> <p>Applicable Code Sections: .d+[DATE].16(A)(2) and (B) Time/Temperature Control for Safety Food, Hot and Cold Holding (P) 23. Proper date marking and disposition FDA Food Code 2022 Annex 7: Model Forms, Guides, and Other Aids Annex 7 -38 IN/OUT This item should be marked IN or OUT of compliance. This item would be IN compliance when there is a system in place for date marking all foods that are required to be date marked and is verified through observation. If date marking applies to the establishment, the PIC should be asked to describe the methods used to identify product shelf-life or consume-by dating. The regulatory authority must be aware of food products that are listed as exempt from date marking. For disposition, mark IN when foods are all within date marked time limits or food is observed being discarded within date marked time limits or OUT of compliance, such as when date marked food exceeds the time limit or date-marking is not done.</p> <p>Review of the FDA Food Code 2022 https://www.fda.gov/food/retail-food-protection/fda-food-code accessed [DATE] revealed:</p> <p>.d+[DATE].11 Food Labels.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.</p> <p>(B) Label information shall include:</p> <p>(1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement.</p> <p>(2) If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, if contained in the FOOD;</p> <p>(3) An accurate declaration of the net quantity of contents;</p> <p>(4) The name and place of business of the manufacturer, [NAME], or distributor; and</p> <p>(5) The name of the FOOD source for each MAJOR FOOD ALLERGEN contained in the FOOD unless the FOOD source is already part of the common or usual name of the respective ingredient.</p> <p>(6) Except as exempted in the Federal Food, Drug, and Cosmetic Act S 403(q)(3) - (5), nutrition labeling as specified in 21 CFR 101 - Food Labeling and 9 CFR 317 Subpart B Nutrition Labeling.</p>