STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675539	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bradford at Brookside	301 West Park Drive Livingston, TX 77351

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30664 Based on observation, interview, and record review, the facility failed to ensure the right to formulate an advance directive was provided for 1 of 4 residents (Resident #1) reviewed for resident rights. The facility did not have a DNR order when Resident #1 provided a copy of his Advanced Directive upon admission. The facility did not provide emergency medical technician and hospital personnel with any information relating to Resident #1's known existing advance directive. This failure could place residents at risk of lifesaving procedures being performed against their wishes resulting in bruising, broken ribs, electrical shocking of the heart, having a tube placed in the throat and provided artificial breathing methods, and possibly being brought back to life in an unaware and unresponsive state. Findings included: Record review of a face sheet dated [DATE] indicated Resident #1 was an [AGE] year-old male who admitted to the facility on [DATE]. Record review of Physician Orders dated [DATE] indicated Resident #1 had diagnoses including hypertension (condition in which the force of the blood against the artery walls is too high), cerebral infarction (lack of adequate blood supply to brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off), hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body and is usually the result of brain damage) affecting right dominant side, vascular dementia (a type of loss of cognitive functioning caused by conditions that damage blood vessels and block blood flow to your brain), and respiratory failure (a serious condition that makes it difficult to breathe on your own). The orders indicated he had an order dated [DATE] for Full Code Status. Record review of A Directive to Physicians and Family or Surrogates Advanced Directive signed by Resident #1 on [DATE] indicated: (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675539	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bradford at Brookside	301 West Park Drive Livingston, TX 77351

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of- Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers Directive: I [Resident #1] recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored: If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care: I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; . was initialed by Resident #1. It further indicated: If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care: I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible . was initialed by Resident #1. Record review of the admission MDS dated [DATE] indicated Resident #1 was not in a persistent vegetative state and had no discernible consciousness; had minimal difficulty hearing; had clear speech; he was usually understood; he could usually understand others; had adequate vision with corrective lenses; and had moderately impaired cognition with a BIMS of 12 out of 15 score. Record review of the undated Care Plan in the previous EMR program indicated Resident #1 was a Full Code status with interventions of inform staff of code status and to make sure that code status was signed by Resident #1 or the responsible party and in the active medical record. Record review of the hospital History and Physical dated [DATE] indicated He was DNR at an outside facility but this was not transmitted to the emergency room . The patient presented after he taken his oxygen off at night he was found to be very altered. He was in some respiratory distress. Upon arrival to the emergency room he was placed on oxygen SpO2 initially increased but had an EKG demonstrated he was having a STEMI The patient was also noted to be in respiratory distress and intubated. The patient was transferred to our facility. The patient was placed on propofol (a medication that slows the activity of your brain and nervous system used to sedate a patient requiring mechanical ventilation (breathing machine)) and a small amount of Levophed (medication used to treat life-threatening low blood pressure). Patient's family at bedside are not certain that he would have want to have been intubated agree with continuing current level of care right now During an observation and interview on [DATE] at 04:32 p.m. Resident #1 was in bed. He had oxygen going with an oxygen concentrator via nasal canula at 2L/minute. He did not appear to be in any respiratory distress. When asked about what happened to him he said he died and they had to bring him back. He said he was supposed to be a DNR status. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675539	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bradford at Brookside	301 West Park Drive Livingston, TX 77351

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 05:15 p.m., LVN B said most residents had an OOH DNR. She said if a resident had an Advanced Directive, then they were terminal, and it was a DNR for them. She said she had taken care of Resident #1, and he was a Full Code. She said he had not been and was not on hospice or deemed having a terminal illness. During a phone interview on [DATE] at 01:02 p.m., LVN A said she worked at the facility PRN. She said she went to Resident #1 room about 07:30 a.m. to administer his breathing treatment and found him with some disorientation. She said she noticed his fingers were ashen colored and he was having trouble breathing. She said she checked his oxygen level and it was 56% so she increased his oxygen to 4L/minute and his level started coming up. She said his EMR showed he was a Full Code with a DNR pending. So, she sent him to the hospital for further treatment. She said she was not aware of him having an Advanced Directive uploaded in the EMR. During an interview on [DATE] at 03:40 p.m. the Corporate Nurse said Resident #1's Advanced Directed was not a DNR. She said she had reviewed the form when a family member made a grievance about Resident #1 being sent to the hospital. She said the form indicated it was if he had a terminal illness which he did not have a terminal illness. She said so he was correctly deemed a Full Code status. Record review of the Advanced Directive policy revised [DATE] indicated Policy Statement: The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. Policy Interpretation and Implementation: If the Resident Has an Advance Directive 1. If the resident or the residents representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff. 2. The director of nursing services (DNS) or designee notifies the attending physician of advance directives (or changes in advance directives) so that appropriate orders can be documented in the residents medical record and plan of care 3. The residents wishes are communicated to the residents direct care staff and physician by placing the advance directive documents in a prominent, accessible location in the medical record and discussing the residents wishes in care planning meetings. 4. The plan of care for each resident is consistent with his or her documented treatment preferences and/or advance directive. a. Facility staff are not required to provide care that conflicts with an advance directive 9. The nurse supervisor is required to inform emergency medical personnel of a residents advance directive regarding treatment options and provide such personnel with a copy of the advance directive or POLST when transfer from the facility via ambulance or other means is made