

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Cypress Woods Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 135 1/2 Hospital Dr Angleton, TX 77515	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews, and record review the facility failed to ensure a safe, clean, and sanitary environment for residents when staff allowed four residents' toothbrushes to be stored together in a single cup, resulting in direct contact between the toothbrush heads for Residents #1, #2, #3 and #4. The facility failed to separate residents personal toothbrushes and store them in separate toothbrush cup holders or zip lock bags per DON. This practice created an unsanitary and non-homelike environment and failed to protect residents from potential cross-contamination. This failure could place residents at risk of cross-contamination. Record review on 01/11/2026 revealed a statement made by the Residents #1 After witnessing horrible conditions such as pest, dirty and unsanitary conditions, such as all residents' toothbrushes kept together in a cup. During an observation on 01/13/2026 at 9:10 a.m. revealed a plastic cup on the bathroom countertop shared by Residents #1, #2, #3, and #4. Observation further revealed four toothbrushes, all visibly used, stored together in a single cup with the bristle heads touching. During an observation on 01/13/2026 at 9:15 a.m revealed residents #1, #2, #3 and #4 toothbrushes were dirty and the bristles from one of toothbrushes appeared to be worn down to the handle of the toothbrush. During an interview with CNA #1 on 01/13/2026 at 9:25 a.m., CNA#1 stated the toothbrushes belonged to four different residents and that they store them together to keep them in one place. CNA #1 stated that residents' toothbrushes should be in a plastic zip lock bag with toothbrush, toothpaste with resident's name on zip lock bag. CNA #1 stated by storing residents' toothbrushes together in one cup can cause them to get sick and possible infected. During an interview on 01/13/2026 at 10:00 a.m., LVN stated residents in this room shared the bathroom, but should each have individual, sanitary storage for personal hygiene items. LVN stated toothbrushes stored together in one cup could cause them to get infected or sick. During an interview on 01/13/2026 at 11:30 a.m., the DON stated by storing four residents' toothbrushes in one cup with bristle-to-bristle contact, the facility failed to ensure a sanitary environment and increased the risk of bacterial transfer among residents. The DON stated the CNAs were to store the residents' toothbrush and toothpaste in a plastic bag with each resident's name on them. The DON stated she would in-service staff on the practice and monitor daily to assure this did not happen again. The DON stated there was no policy or procedure for storing residents' personal hygiene.</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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