STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bronte Health and Rehab Center	900 S State St Bronte, TX 76933

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47044 Based on interview, and record review, the facility failed to ensure that all alleged violations involving abuse were reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law for 2 of 5 residents (Resident #1, Resident #2) reviewed for abuse. The facility failed to report alleged violations related to abuse to HHSC. The facility failed to notify a law enforcement agency of allegations of abuse. This failure could place the residents at risk of sexual abuse. Findings included: Record review of Resident #1's electronic health record revealed a [AGE] year-old female, admitted [DATE], Diagnoses included: major depressive disorder (persistently low or depressed mood), single episode, anxiety disorder (feelings of worry, anxiety, fear that are strong enough to interfere with daily activities), senile degeneration of brain (Alzheimer's type- severe cortical atrophy and cell loss with high index of dementia), wandering, psychotic disorder with delusions, with other behavioral disturbance (unshakable beliefs in something). BIMS = 99 per MDS C, Section C (severely impaired cognitively). (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
	675681	A. Building B. Wing	06/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bronte Health and Rehab Center	900 S State St Bronte, TX 76933

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #2's electronic health record revealed a [AGE] year-old male, admitted [DATE], Diagnoses included: unspecified dementia (group of conditions characterized by impairment of at least two brain functions such as memory loss and judgement), late onset Alzheimer's (progressive disease destroying memory and other important mental functions), psychotic disorder with delusions due to known physiological condition (hallucinations or delusions caused by other medical condition), intermittent explosive disorder (repeated sudden bouts of impulsive aggressive, violent behavior or anger), major depressive disorder (persistently low or depressed mood), recurrent, unspecified, generalized anxiety disorder (severe ongoing anxiety that interferes with daily life), personality change due to known physiological condition (dated 6/5/24; often associated of delirium or neurological disorder)), major depressive disorder, recurrent severe without psychotic features. BIMS = 5 per MDS, Section C (severely impaired cognitively). Interview on 6/08/2024 at 12:12pm with Resident #2 revealed he has not seen Resident #1 today and he does not know where she is. Resident #2 stated he does not know about the incident and that nothing happened with Resident #1. Resident appeared confused and was observed looking out his window and feeding himself. Per his MDS, Section C, his BIMS is 5, severely impaired. Observation on 6/8/2024 at 2:34pm revealed Resident #1 dressed and groomed walking up and down hallway. Ankle monitor in place with two staff observing her. Resident grabbed this investigator's hand and started walking down the hallway. Resident #1 did not answer any questions and mumbled with some sounds but no intelligible speech. Record review of Resident #1's progress note dated 6/5/24 revealed CNA A notified RN A of kissing and touching Resident #1. RN notified DON & ADON about report from CNA A. 6/5/24- per DON, after discussing with family, they will move resident to regular hall and place wander guard. No incident report located. Record review of Resident #2's progress notes from electronic health record dated 6/5/24 revealed CNA A notified RN A that Resident #2 was inappropriately touching another resident and was kissing the neck of same resident. RN A notified DON. No incident report located. Care plan updated with change in behavior dated 6/6/2024 with interventions. Interview on 6/08/24 at 12:34 pm with the ADM revealed that he did not believe abuse occurred (when Resident #2 touched Resident #1's vaginal area) and that's why it was not reported. Not to the police either. There was no history prior to this incident . ADM stated the statement he (ADM) and the DON got was he (Resident #2) touched her (resident #1) leg and accidently grazed her vaginal area in the process. This was 6/5/24. Facility moved Resident #1 to the front and increased monitoring for Resident #2 and changed his meds. Facility contacted psych services and tried to get Resident #2 inpatient, but they (inpatient facilities) would not accept him (Resident #2) because there were no physical behaviors that show intent. ADM stated that this was completed to appease the family member of Resident #1 and to make sure abuse does not occur. Interview on 6/8/2024 at 12:52pm with the DON revealed she does not believe there was sexual intent with the vaginal graze incident from Resident #2 to Resident #1 and CNA A reported to her that it was an accidental graze of the area with no sexual intent. DON stated there was no sexual malice or willful intent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2024
NAME OF PROVIDER OR SUPPLIER Bronte Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 S State St Bronte, TX 76933	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 6/9/24 at 12:07pm with CNA A revealed she does feel there was sexual intent. I was looking right at them. CNA A revealed she had a clear view because they had increased monitoring on him (Resident #2) due to a verbal incident with a male resident. CNA A stated she spoke to her nurse, ADON and DON about it (vaginal incident). CNA A stated she felt it was abuse and that was why she reported it, because they were not able to consent. Interview on 6/9/2024 at 11:15am with the DON revealed she was not aware of the kissing on the neck incident (between Resident #1 and Resident #2). The DON stated she put in referrals for Resident #2 to inpatient facilities due to aggression with a male resident. The DON revealed she was responsible for checking progress notes but forgot that day due to working the vaginal area concern (Resident #2 grazing Resident #1's vaginal area). Interview on 6/9/2024 at 11:17am with the ADM revealed he was not aware of the kissing incident, and this was the first he was hearing of it and that yes that would be reportable. His DON was responsible for checking progress notes. It was the ADM's responsibility to report to HHSC and police any allegations of abuse. Interview on 6/9/2024 at 11:37am with the ADON revealed she was informed they (Resident #1 & Resident #2) were kissing and did tell the DON. The incident was talked about in a meeting and the DON and ADM were present. Both residents were into each other (unable to elaborate). The ADM was responsible for reporting abuse to the police and state. The aides were made aware (of increased sexual behavior), and Resident #1 was moved to the front. They were both interested in each other. The ADON revealed neither resident (Resident #1 nor Resident #2) can consent because they are cognitively impaired. Interview on 6/9/2024 at 12:23pm with the DON revealed she was informed about the neck incident (incident where resident #2 bent down and kissed Resident #1's neck; same time when Resident #2 grazed Resident #1's vaginal area) but that she felt like you could kiss your kid or mother like that and felt the progress notes contradict. DON stated there was no intent or malice. This was a different statement from the previous statement to investigator that she was not aware of the neck kissing. The DON revealed she did not believe the incident was abuse. From what she was told, the touching incident was accidental and don't believe the kiss on the neck was sexual, so it was not reportable. [The neck kissing, and vaginal area graze happened the] Same day and time. The DON stated they had taken all precautionary measures to make sure it doesn't happen again or turn into anything. The Facility had removed Resident #1 from secure unit, increased monitoring on Resident #2, medication changes per psych doctor and facility doctor, an attempt to refer for inpatient at Behavioral health facilities, and psych services for Resident #2. The DON stated that CNA A informed DON that there was no sexual intent (different information from the interview with investigator and CNA A). Interview on 6/9/2024 at 4:23pm with the ADM revealed the incident between Resident #1 and Resident #2 was a grey area. The ADM revealed he was responsible for reporting abuse to HHSC and law enforcement. The ADM stated Resident #1 has a history of grabbing hands to walk with her and grabbing faces, but neither were able to consent. That was why he did not believe it was reportable. (This is different information that ADM provided in previous interview that he did not believe it was reportable because there was no sexual intent in the vaginal graze as it was accidental.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bronte Health and Rehab Center	900 S State St Bronte, TX 76933

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record Review of Prevention of Abuse, Neglect, Exploitation, etc. policy undated revealed Abuse means the willful infliction of injury, unreasonable confinement, .Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish .Sexual abuse is non-consensual sexual contact of any type with a resident. 2. The facility will designate an abuse coordinator in the facility who is responsible for reporting allegations of suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law . 7. Reporting/Response: the facility will follow reporting/response recommendations from the latest Provider Letter sent by HHS. Record review of Long-Term Care Regulatory Provider Letter dated 7/10/2009 revealed A NF must report to HHSC the following types of incidents, .Abuse .immediately, but no later than 2 hours after the incident occurs or is suspected. On page 9 of 9 reveals a decision tree that if the facility becomes aware of or receives an allegation of suspected abuse .take immediate action to prevent further potential ANE. Can all residents involved in the sexual activity consent to participation .NO .report the incident within two hours.