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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675681 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>07/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bronte Health and Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>900 S State St<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                  |
| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>(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

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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to incorporate the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 1 (Resident #1) of 2 residents reviewed for PASRR. The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting. This failure could place residents who were PASRR positive at risk of not getting the PASARR services for a better quality of life and could lead to a decline in health. Record review of Resident #1's face sheet dated 7.16.25 revealed a [AGE] year-old female who was admitted to the facility on 2.10.25 with diagnoses that included: Metabolic Encephalopathy, mild intellectual disabilities, epilepsy, hypertension, hyperlipidemia (a condition characterized by abnormally high levels of lipids (fats), including cholesterol and triglycerides, in the blood), hypothyroidism (when your thyroid gland doesn't make and release enough hormone into your bloodstream), dementia, and unsteadiness on feet. Record review of Resident #1's quarterly MDS assessment dated 6.14.25 revealed an 11 BIMS score was noted but was marked as no impaired under the cognitive skills for daily decision making. Record review of Resident #4's PCSP dated 2.27.25 revealed her IDT meeting was held on 2.27.25. Attendees included the resident, the PASRR habilitation coordinator, Resident #1, DOR, DON, Family member A, and social worker. The following NFSS were identified and confirmed: Durable Medical Equipment. The Comments summary revealed OT/ST assessment and therapies authorized. During an interview on 7.15.25 at 12:05 pm, OT A stated the normal process for any resident to get into PT or OT was for them, OT, to do and their evaluation on the resident, to make sure they met certain requirements, that are then turned into MDS Coordinator. She stated once their documentation goes back to the MDS Coordinator, the approval is through their insurance and the physician. She stated, but sometimes, a resident was under a PASARR program. She stated no matter what, it always takes a bit longer for the approval to get back to the facility, so the facility can start the pt/ot on the resident. She stated that there are only two residents that were on pt/ot through PASARR, that would be Resident #1 and Resident #2. She stated that she knows for Resident #1, it took a little while to get all the documents/corrected from the CRC and it was due to the approval process and delays in paperwork. She stated that Resident #1 had the IDT meeting on 2.27.25 and was assessed by OT and ST on 3.6.25. She stated OT never heard back on the PASARR process/program and Resident #1 was D/C'ed on 4.28.25 without receiving services. During an interview on 7.15.25 at 2:05 pm, the MDS stated Resident #1 was admitted on 2.10.25. She stated that she was not good at the PASARR process and believed she had 30 days to get everything submitted for Resident #1 to receive services. She stated the care plan meeting for PASARR services was conducted on 2.27.25 for Resident #1. She stated therapy did do an evaluation of the resident on 3.6.25 but documentation was not sent in for Resident #1 to get approval. She stated there were some errors in documentation. She stated ultimately Resident #1's documentation for PASARR was not again submitted until 6.3.25, which the facility was still waiting to hear back for approval for Resident #1. She stated this should have been done much sooner because services could have been done for Resident #1 which would start therapy and healing process sooner. During an interview on 7.16.25 at 11:30 am, the Administrator stated he was familiar with the PASRR process and that the NFSS was completed by the DOR and should have been submitted. The Administrator stated that during the process, the CRC should have followed up with OT A to make sure all documentation was completed and submitted on time. Record review of the facility's PASRR policy dated 5.23.17 revealed Initiate nursing facility specialized services within 30 days after the date that the services are agreed to in the IDT meeting. Record review of state agency website <a href="https://www.hhs.texas.gov/regulations/forms/2000-2999/form-2362-receipt-certification-a-qualified-rehabilitation-professional">https://www.hhs.texas.gov/regulations/forms/2000-2999/form-2362-receipt-certification-a-qualified-rehabilitation-professional</a> revealed: Requesting Habilitative Services: A speech, occupational or physical therapist may request habilitative therapies (physical, occupational or speech therapy) for a PASRR-positive person for up to 6 months at a time. Requests for Authorization of Specialized Services for Residents of Nursing Facilities Requesting Authorization of Habilitative Physical, Occupational or Speech Therapy. To request Habilitative therapies, nursing facility providers must submit a Nursing Facility Specialized Service (NFSS) form on the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal. Additionally, each request must be accompanied by corresponding signature sheets or other attachments. A licensed therapist</p> |   |  |