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	04/14/2026

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. Based on interview and record review, the facility failed to report the results of an investigation in accordance with State Law within 5 working days of the incident for 1 of 2 incidents (Resident #1) reviewed for reporting. The Administrator failed to report the results of an investigation alleging neglect, after Resident #1 had an unwitnessed fall resulting in fracture, within 5 days to the State Survey Agency. This failure could affect residents if alleged violations are verified, and appropriate corrective actions are not taken.Findings include: Record review completed on 04/13/26 at 09:32am of the TULIP (Texas Unified Licensure Information Portal) system revealed that no Provider Investigation Report (Form 3613-A) had been filed in the system for this allegation of unwitnessed fall. The facility had filed the Facility Reported Incident and CII Self-Report Template on 3/31/2026. Record review of the Provider Investigation Report (form 3613-A) for the facility reported incident that occurred on 3/30/26 revealed that it was completed on 4/14/2026. The Provider Investigation Report revealed that a thorough investigation of the incident was completed. During an interview on 4/13/26 at 11:14am, the Administrator reported that he did not remember doing a 5-day report, that they did an original report where they assessed, and documented what they did for Resident #1 but he did not remember anything about a 5-day report. The Administrator stated, You are talking about the 3613 right. I think I just forgot to do it. I had a lot of things going on in the building and I just forgot to do it. The Administrator reported that not completing the 3613 or the 5-day results of an investigation could have the potential for neglect of resident care because the process was not completed. Record review of the facility provided policy titled Prevention of Abuse, Neglect, Exploitation etc. undated, revealed the following:Reporting/Response:B. The facility will follow reporting/response recommendations for the latest Provider Letter sent by HHS. The administrator will follow up with government agencies to report the results of the investigation within 5 working days of the incident, as required by HHS.

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	04/14/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment, for 1 of 4 Residents (Resident #1) reviewed for care plans. The facility did not develop and implement a comprehensive person-centered care plan that implemented an intervention to prevent falls for Resident #1's fall. This failure could place residents with falls at risk for further falls and injuries.Findings include: Record review of Resident #1's admission Record, dated 04/13/2026, revealed Resident #1 was a [AGE] year-old female and was admitted to the facility on [DATE]. Resident #1's diagnoses included unspecified fracture of upper end of right humerus subsequent encounter for fracture with routine healing (broken top of right arm bone that is healing normally), and vascular dementia without behavioral disturbance (a decline in thinking skills, memory, and cognitive speed caused by brain blood vessel damage occurring without symptoms like agitation, aggression or hallucinations). Record review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 02/9/2026, revealed Resident #1 had unclear speech but was usually understood and usually understood others. Resident #1 had impaired vision. Resident #1 had a BIMS score of 9 which indicated moderate cognitive impairment. Resident #1 had delusions, verbal behavioral symptoms, and rejection of care. Resident #1 had impairment in functional limitation to one side of upper and lower extremities. Resident #1 used a wheelchair for mobility. Resident #1 was dependent for chair/bed to chair transfers and sit to standing. Resident #1 was always incontinent of bowel and bladder. Resident had no falls since prior MDS. Record review of Resident #1's Care Plan, revised 12/29/2025, revealed Resident #1 was at high risk for falls, generalized muscle weakness and unsteadiness on feet. Goals were to be free from falls, will not sustain serious injury, and will be free of minor injury through the review date. The interventions initiated on 6/19/2025 prior to most recent fall were to anticipate and meet the resident's needs, call light within reach, ensure appropriate footwear, follow facility fall protocol, PT evaluate and treat, and resident needs a safe environment. The care plan did not address Resident #1's fall from the wheelchair on 03/30/2026 with an intervention. There were no interventions in Resident #1's care plan to address and prevent Resident #1 from falling out of her wheelchair or getting out of her wheelchair without assistance. Record review of Resident #1's Progress Notes (nursing notes) dated 03/30/26 at 1:45pm by LVN B revealed, resident on the bathroom floor lying on her right side. Resident denies pain. Resident was assisted up in wheelchair then using a mechanical lift; resident was assisted to bed. Resident continued to deny pain, but when staff were assisting resident with care resident started screaming that her shoulder hurt. Resident was offered pain medications and refused to take them. Order for right shoulder Xray obtained from MD. Record review of Resident #1's Progress Notes dated 03/30/2026 at 6:35pm by LVN B revealed Resident #1 was transferred to emergency room via ambulance for fracture of right humerus (right arm bone). In an interview on 04/13/2026 at 10:00 a.m. with Resident #1 she stated she fell in the bathroom and fractured her shoulder. Resident #1 stated she was trying to use the bathroom. Observation on 04/13/2026 at 10:10 a.m. revealed Resident #1 was in bed, the bed was in the high position and no fall equipment was in use. In an interview on 04/14/26 at 10:20 a.m. with LVN B she stated the DON, that no longer worked there, and informed her that Resident #1 had fallen. LVN B stated she assessed Resident #1 and obtained orders for X-ray. LVN B stated Resident #1 had not attempted to self-transfer in the past and usually does not go to the bathroom as she was incontinent. LVN B stated Resident #1 uses the call light to make needs known. LVN B was not aware if she had used the call light prior to this incident. Resident #1 did use the call light while she was on the floor to call for (continued on next page)

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	04/14/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	help. LVN B stated she was not aware of any interventions put into place to try to decrease the risk of Resident #1 from falling again. In an interview on 4/14/2026 at 10:30 a.m. with the MDS Coordinator she stated she initiates the care plans but over all it was a team effort. She stated the DON was doing acute care plans but now she was no longer working at the facility. She stated the Interdisciplinary Team meets every week on Wednesdays to discuss interventions. She stated she was not aware of any interventions that were put in place to minimize the risk of Resident #1 falling again. MDS Coordinator was unsure why no interventions were put in place after Resident #1's fall. In an interview on 4/14/2026 at 11:00 a.m. with ADON it was revealed that Resident #1 had been care planned for the fracture but no specific interventions were put in place to minimize the risk of future falls. ADON stated she did not work at the facility at the time of Resident #1's fall. ADON stated Resident #1 had not had any more falls. ADON stated the risk of not putting interventions in place in the care plan for falls could lead to more falls and injury. In an interview on 4/14/2026 at 11:30 a.m. with the Administrator revealed that he was unaware no interventions for the fall had been put in place. Administrator stated this happened at a time that he was in and out of the facility. Administrator stated the MDS Coordinator was responsible for updating care plans. Administrator stated risk for not implementing new interventions after a fall could result in more falls and injury. Review of the facility's policy on, Goals and Objectives, Care Plan, undated revealed:Care plans shall incorporate goals and objectives that lead to the residents' highest obtainable level of independence.2. When goals and objectives are not achieved, the resident's clinical record will be documented as to why the results were not achieved and what new goals and objectives have been established. Care plans will be modified accordingly.5. Goals and objectives are reviewed and or revised:b. when the desired outcome has not been achievedc. when the resident has been readmitted to the facility from a hospital stay.

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	04/14/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain good personal hygiene for 1 of 2 residents (Residents #2) reviewed for ADL care. The facility failed to provide incontinence care to Resident #2 every 2 hours and as needed. This failure could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life. Findings included: Record review of Resident #2's face sheet revealed a [AGE] year-old female admitted to facility on 2/20/2026 with diagnoses of chronic kidney disease stage 4 (kidneys not filtering waste properly), chronic diastolic heart failure (the left ventricle becomes stiff and fails to relax properly limiting its ability to fill with blood between beats), and morbid obesity (having a body mass index of 40 kilograms or higher). Record review of Resident #2's admission MDS assessment, dated 03/05/26, revealed Resident #2 was understood and could understand others. Resident #2 BIMS score was 12, indicating moderate cognitive impairment. Resident #2 was frequently incontinent of bowel and bladder. Resident #2 required maximum assistance for toileting. Record review of Resident #2's Care Plan dated 03/16/26 revealed Resident #2 was totally dependent upon 2 staff members for toilet use. Care plan also revealed a focus of history of Urinary Tract Infections related to poor hygiene habits and incontinence of bowel and bladder. Interventions included checking at least every 2 hours for incontinence. Observation and interview on 04/13/26 at 10:30am revealed Resident #2 was in her room lying in bed. She stated that she believed she needed to be changed and pushed the call light. CNA C answered the call light in less than one minute. Resident #2 requested to be changed, and CNA C turned off the call light and stated she would go find some help and return to change Resident #2. Resident #2 stated it seems like she only gets changed about 4 times a day. Observation and interview on 4/13/2026 from 10:30am to 12:45pm revealed CNA C did not get help and go back to check on Resident #2. Two other staff members were working and present on the hall at this time. Resident #2 continued to state that she needed to be changed. CNA C delivered Resident #2's lunch tray and did not offer to help her at that time. Interview on 4/13/2026 at 12:50pm with Administrator he stated his expectation was for CNAs to help when asked and not to wait. He stated the ADON would start an in-service for call lights not to be turned off until the task is complete. Interview on 4/13/2026 at 1:30pm with ADON she stated that CNA C worked for an agency and didn't work there often. ADON stated she was going to start an in-service to leave call lights on until the task is complete due to this occurrence. Interview on 4/14/2026 at 11:15am with CNA C revealed she did not return to help because her partner had gone to lunch. CNA C revealed she did not ask a nurse or any other staff member to help her change Resident #2. CNA C stated the risk of residents waiting to be changed could be skin breakdown. Interview on 4/14/2026 at 11:24am with CNA A revealed she went on break on 4/13/2026 at approximately 10:00am and returned at about 11:00am. CNA C did not ask her to help her or notify her that she needed to be changed upon her return. CNA A stated the risk of not changing briefs timely could be skin breakdown. Interview on 4/14/2026 at 2:30pm with ADON revealed she had completed the in-service on not turning off call lights until the task was complete for staff members that were present that day due to this occurrence. She stated she expected staff to answer call lights and help timely. ADON stated the risk of not completing tasks timely could result in infections and skin breakdown. ADON stated Resident #2 did not have skin breakdown or a negative outcome from not being helped within 2 hours. Interview on 4/14/2026 at 3:00pm with Administrator revealed he expected nursing staff to answer call lights quickly and provide assistance timely. Administrator stated the risk of not changing residents in a timely manner could be skin breakdown, decreased quality of life and infections. Administrator stated Resident #2 did not have a negative outcome due to this occurrence of not being changed timely. Record review of the facility's Perineal Care policy, revised April 2024, revealed the following: .Staff will provide perineal care in accordance (continued on next page)

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	04/14/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the standard of practice to prevent skin breakdown and infection Record review of the facility's Call System policy, revised September 2022 revealed the following, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station.b. Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.