

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the right to be free from misappropriation of resident property for 1 of 8 residents (Resident #1) reviewed for misappropriation of resident property.</p> <p>The facility failed to ensure LVN A and CNA B did not use Resident #1's debit card to pay their electricity bills.</p> <p>The noncompliance was identified as PNC. The past noncompliance began on 02/27/25 and ended on 04/09/25. The facility had corrected the noncompliance before the survey began.</p> <p>This failure placed residents at risk for misappropriation, exploitation, financial and psychosocial distress.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet dated 06/03/25, indicated she was was a [AGE] year old female, admitted on [DATE], and her diagnoses included acute respiratory failure with hypoxia (low levels of oxygen), cognitive communication deficit (trouble with one or more cognitive processes involved in communication such as attention and memory and problems staying on topic), diabetes (high blood sugar), major depressive disorder (persistently low or depressed mood and a loss of interest in activities), anxiety (excessive persistent and uncontrollable worry and fear about everyday situations), and Huntington's disease (a rare inherited disease that causes the progressive breakdown of nerve cells in the brain).</p> <p>Record review of Resident #1's quarterly MDS assessment indicated she was able to make herself understood and understood others, had moderate cognitive impairment (BIMS-9), and had no behaviors.</p> <p>Record review of the facility investigation dated 04/09/25 confirmed the allegation of misappropriation. LVN A used Resident #1's debit card on 02/17/25 to pay \$453.20 on her electricity bill. CNA B used Resident #1's debit card on 02/20/25 to pay \$206 on her electricity bill.</p> <p>Record review of LVN A's personnel file indicated she was suspended on 04/02/25 and terminated on 04/09/25 for violation of company policy and misappropriation. The criminal history check and EMR checks were completed with no violations listed. She had received Abuse, Neglect, Misappropriation and Exploitation training on hire.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of CNA B's personnel file indicated she was suspended on 04/08/25 and terminated on 04/09/25 for violation of company policy and misappropriation. The criminal history check and EMR checks were completed with no violations listed. She had received Abuse, Neglect, Misappropriation and Exploitation training on hire.</p> <p>During an interview on 06/02/25 at 8:46 a.m., the Administrator said she was the abuse coordinator. She said all staff were trained on abuse, neglect and exploitation. She said Resident #1 reported to CNA C on 04/01/25 that she wanted her pants back that she had loaned to LVN A. She said Resident #1 told CNA C she had loaned money to LVN A that was not paid back. She said LVN A said she did not ask to borrow the money but was begged to take the money. LVN A said she paid Resident #1 all the money but Resident #1 said she only got \$100 back. She said during the investigation, on 04/08/25, it was determined CNA B paid back \$200 but still owed for the fees. She said the staff knew they were not supposed to take money or property from the residents. She said the police were notified but there was no investigation because Resident #1 told the police she offered to pay the bills. She said both staff were suspended pending the outcome of the investigation. She said LVN A and CNA B were terminated for misappropriation and violation of company policy. She said staff were retrained on abuse, neglect, misappropriation, and exploitation. She said residents could be at risk of emotional/mental stress, financial strain, and depression.</p> <p>During an interview on 06/02/25 at 11:31 a.m., Resident #1 said LVN A said she was sleeping in her car and needed money to pay her electricity bill or it would be cut off. She said she let LVN A use her debit card to pay the bill and it \$452. She said LVN A paid back \$100 after two weeks but still owed the rest. She said LVN A also borrowed a pair of pants due to an accident. She said the rest of the cash was supposed to be in the pocket of the pants when she returned the pants. She said she never got the pants or the money. She said CNA B came in the day after she loaned the money to LVN A and asked her to pay her electricity bill. She said CNA B used her (Resident #1) debit card to pay her electricity bill. She said it was over \$200 but it was paid back. She said she felt bad for the staff having their problem with their bills. She said she knew she should not loan the money but they asked her to borrow so she did. She said the facility told her she should not loan money to staff and she would not do it again.</p> <p>During an interview on 06/02/25 at 12:48 p.m., CNA B said she was talking with Resident #1 (she could not recall the exact date) and Resident #1 could tell something was wrong. She said Resident #1 asked her what was wrong. She said she told Resident #1 nothing was wrong but Resident #1 asked her and she told Resident #1 she was short on her electricity bill. She said she told Resident #1 she was not supposed to take anything but Resident #1 said she was offering to help. She said she used Resident #1's debit card to pay the bill. She said it was \$200. She said she repaid the \$200 to Resident #1 in cash. She said she was trained on abuse, neglect, and exploitation. She said she was aware she should not borrow money from Resident #1.</p> <p>During an interview on 06/02/25 at 1:45 p.m., CNA C said on 03/31/25 Resident #1 asked her to find a pair of pants that LVN A had borrowed. She said on 04/01/25, while searching for the pants, Resident #1 said LVN A borrowed the pants (due to an accident) and was returning the pants and the pants had \$352 in the pocket. She said Resident #1 said there should be \$352.00 in the pocket, as she loaned LVN A \$452.00 to pay her electricity bill. She said the allegation of misappropriation to the Administrator immediately on 04/01/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/03/25 at 12:44 p.m., LVN A said Resident #1 was aggressively trying to loan her the money to pay her electricity bill (she could not recall the exact date). She said she used Resident #1's debit card to pay her electricity bill. She said she paid it all back in cash and had no receipt. She said she was trained on abuse, neglect, and exploitation. She said she was aware she was not supposed to take or borrow money from resident.</p> <p>The facility took the following actions to correct the non-compliance:</p> <p>Record review of the facility's Provider Investigation Report dated 04/09/25 indicated an in-service titled Abuse, Neglect, and Exploitation was conducted on 04/02/25. Employee groups present included CNAs, Dietary, Housekeeping, Laundry, Nursing, Activities, and Business Office and was signed by 34 staff members. The report also indicated LVN A and CNA B were suspended pending investigation and were terminated following the investigation.</p> <p>During interviews conducted on 06/02/25 between 8:30 a.m. and 3:30 p.m. and on 06/03/25 between 8:30 a.m. and 2:00 p.m., CNA C, LVN D, CNA E, CNA F, LVN G, RN H, Housekeeper I, Housekeeper J, ADON, Activity Director K, LVN L, LVN M, LVN N, LVN O, CNA P, CNA Q were all able to correctly identify abuse, neglect, exploitation, and misappropriation and the proper action for identification, prevention, and protection. They said they were not aware of any abuse, neglect, exploitation or misappropriation and if so, would report it to the abuse coordinator, (Administrator) immediately. They were able to give examples of misappropriation and were aware they were not to borrow or take money or property from residents.</p> <p>Record review of a facility form titled Safe Survey Interviews dated 04/02/25 indicated that safe surveys were completed with 5 residents with no complaints of missing money or property, staff asking for money or property, and all verbalized they felt safe in facility.</p> <p>Interviews with 8 residents (Resident #s 1, 6, 7, 9, 11, 10, 13, 14) during the course of investigation from 06/02/25 to 06/03/25 indicated no residents complained of resident abuse, neglect, misappropriation, or exploitation. They were aware they should not loan staff money. They would report to the Administrator or the DON if staff asked to borrow money or property.</p> <p>Record review of facility incident/accident reports from 06/01/24 through 06/02/25 indicated no concerns in the area(s) of Resident Abuse, Neglect, Misappropriation or Exploitation.</p> <p>Record review of facility grievances for the from 06/01/24 through 06/02/25 , indicated no concerns in the area(s) of Resident Abuse, Neglect, Misappropriation or Exploitation, and Resident Rights.</p> <p>Record review of the facility's Abuse, Neglect and Misappropriation policy dated 2023 indicated .Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion. Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**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, which 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 8 residents (Resident #2) reviewed for care plans.</p> <p>The facility failed to develop and implement Resident #2's care plan for falls and fall interventions after he fell and sustained a head laceration on 03/22/25.</p> <p>This failure could place residents at risk for injury from falls.</p> <p>Findings included:</p> <p>Record review of Resident #2's face sheet dated 06/02/25 indicated he was a [AGE] year old male admitted on [DATE] and his diagnoses included diabetes (high blood sugar), muscle weakness (lack of muscle strength), unspecified lack of coordination, muscle wasting and atrophy (thinning or loss of muscle mass and strength), cognitive communication deficit (trouble with one or more cognitive processes involved in communication such as attention and memory and problems staying on topic), unsteadiness on feet, abnormalities of gait and mobility (unusual walking), seizures (sudden and temporary change in the electrical and chemical activity in the brain), and neuropathy (nerve damage that can cause symptoms such as weakness numbness and pain).</p> <p>Record review of Resident #2's quarterly MDS assessment indicated he was able to make himself understood and understood others, had severe cognitive impairment (BIMS-5), had a history of fall since admission, and had two or more falls with injury (except major) since admission.</p> <p>Record review of Resident #2's care plan dated 09/13/24 (revised on 09/25/24) indicated Resident #1 was at risk for falls related to impaired mobility and muscle weakness. Interventions included to anticipate and meet Resident #1's needs, encourage use of appropriate footwear, and needs a safe environment with call light in reach and personal items within reach. There was no review or revision related to Resident #1's fall on 03/22/25.</p> <p>Record review of Resident #2's Un-witnessed Fall report dated 03/22/25 indicated LVN D found Resident #2 face down on the floor. He had dried blood on his forehead and face. The bed was in high position. Resident #2 said he was experiencing some head pain. Resident #1 was assessed. He was alert and oriented X3 (identity, location, and time). He was unable to verbalize what happened. He was transported to hospital.</p> <p>Record review of progress note dated 03/22/25 at 7:42 a.m., completed by LVN D indicated Resident #2 was found face down on the floor. The bed was lowered to the floor and Resident #2 was assisted in to the bed by the LVN and 3 aides. Coagulated blood was noted to the crown of his head, forehead and over his left eyebrow. Bruising was noted over left eyebrow. Hospice was notified and recommended sending Resident #2 to ER for evaluation. Resident #2 was transported to hospital by ambulance. The DON was notified. RP notified three times with no response .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's hospital records dated 03/22/25 indicated Resident #2 had an unwitnessed fall from his bed. The skin was fragile, thin and there was a superficial laceration (irregular cut in the skin caused by a sharp object) to forehead. The wound was cleaned and repaired with steri-strips (thin adhesive bandages).</p> <p>Record review of the facility investigation dated 03/28/25 indicated the provider action taken post-investigation included in-service with all staff regarding abuse, neglect, exploitation, misappropriation, and resident rights. Neurological assessments were completed. A new fall mat was delivered by hospice and the was bed kept in low position. The facility investigation did not include review of Resident #2's care plan review or revisions.</p> <p>During an interview and observation on 06/02/25 at 12:10 p.m., indicated Resident #2 was lying in his bed. There was a low air flow mattress in working condition set at 320 psi. It was in a low position. There was a fall mat in place. Resident #2 said he did not recall how he fell out of his bed. He said he remembered being on the floor. He said he probably just rolled out of bed. He said he received butterfly bandages on the cut on his head. He said he did not know what he hit his head on.</p> <p>During an interview on 06/02/25 at 1:45 p.m., CNA C said Resident #2 tended to use the bed remote and put his bed in a higher position. She said staff made rounds and checked for bed height and would lower his bed if necessary.</p> <p>During an interview on 06/02/25 at 1:50 p.m., CNA E said Resident #2's bed was usually in the low position and he had a fall mat. She said Resident #2 would use the bed remote and move his bed up and staff would have to put the bed back down to a lower position.</p> <p>During an interview on 06/02/25 at 2:57 p.m., LVN D said she found Resident #2 on the floor mat next to his bed. She said the bed was not in the lowest position and the remote was on the end of the bed. She said she did not know if staff left the bed up or if Resident #2 had raised the bed. She said she assessed Resident #2 and found he had a small cut on his forehead. She said he could have hit his head on the bed side dresser if he rolled out of the bed. She said she and 3 other staff assisted Resident #2 back into bed. She said hospice was notified and they recommended Resident #2 be sent out to the hospital for evaluation and treatment. She said he returned with butterfly bandages on his forehead.</p> <p>During an interview on 06/03/25 at 10:30 a.m., the ADON said she worked on the night shift of 03/22/25 and did not recall Resident #2's bed being left in a high position. She said she walked the halls before she left her shift at 6:00 a.m. and his bed was in a low position and the fall mat was in place.</p> <p>During an interview on 06/03/25 at 10:45 a.m., CNA F said Resident #2 would use the bed remote and raise his bed. He said he would make rounds and put Resident #2's bed in low position due to his risk for falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/03/25 at 10:54 a.m., the DON said Resident #2's care plan should have been reviewed during the facility investigation and updated after his fall. She said accidents and incidents were reviewed daily and IDT meetings were held Thursdays and Fridays. She said the MDS LVN was part time and that may be the reason Resident #2's care plan was missed and not updated. She said she was going to develop and system to ensure care plans were reviewed for all incidents/accidents and re-educate the nurses on care plans. She said the risk for not reviewing and developing care plans could result in residents not receiving proper care or services.</p> <p>During an interview on 06/03/25 at 10:54 a.m., MDS LVN G said she reviewed care plans annually and quarterly. She said the DON, ADON, and nurses were responsible for acute care plans.</p> <p>During an interview on 06/03/25 at 11:34 a.m. RN H said she usually checked on Resident #2 between 5:30 a.m. and 5:45 a.m. She said she did not recall his bed being left in a high position and she would have lowered it if she found it in a high position. She said he required a lot of attention and would yell a lot and staff would have to check on him more frequently than other residents. She said he was always in a low bed and had a fall mat. She said he would use the bed controls and raise his bed and staff would have to lower the bed.</p> <p>Record review of the facility's policy Care plan Revisions Upon Status Change dated 2023 indicated The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change. Policy Explanation and Compliance Guidelines: 1. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change. 2. Procedure for reviewing and revising the care plan when a resident experiences a status change: a. Upon identification of a change in status, the nurse will notify the MDS Coordinator, the physician, and the resident representative, if applicable. B. The MDS Coordinator and the Interdisciplinary Team will discuss the resident condition and collaborate on intervention options. c. The team meeting discussion will be documented in the nursing progress notes. d. The care plan will be updated with the new or modified interventions. e. Staff involved in the care of the resident will report resident response to new or modified interventions. f. Care plans will be modified as needed by the MDS Coordinator or other designated staff member. g. The Unit Manager or other designated staff member will communicate care plan interventions to all staff involved in the resident's care. h. The Unit Manager or other designated staff member will conduct an audit on all residents experiencing a change in status, at the time the change in status is identified, to ensure care plans have been updated to reflect current resident needs. 3. The MDS Coordinator will determine whether a Significant Change in Status Assessment is warranted. If so, the assessment will be completed according to established procedures.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 out of 5 (Resident #3 and Resident #4) residents reviewed for enhanced barrier precautions (EBP) for infection control practices.</p> <p>The ADON failed to follow enhanced barrier precautions during care for Resident #3 who had a Foley catheter and wound.</p> <p>The facility failed to ensure the podiatrist followed enhanced barrier precautions for Resident #4 who had an indwelling medical device (g-tube).</p> <p>The failures could place residents at risk for cross contamination and the spread of infection.</p> <p>The findings included:</p> <p>Record review of Resident #3's admission Record, dated 06/02/25, indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including insomnia, essential hypertension, muscle weakness, and cognitive communication deficit.</p> <p>Record review of Resident #3's admission MDS Assessment, dated 04/17/25 indicated her BIMS score was 12, meaning she had moderate cognitive impairment. Further review indicated under the section bladder and bowel, she had an indwelling catheter and ostomy (an opening in the body for discharge of bodily waste). It also indicated under skin conditions, she had one or more unhealed pressure ulcers/injuries.</p> <p>Record review of Resident #3's Care Plan with no date indicated revealed: The resident had an indwelling suprapubic catheter, initiated 04/11/25. The resident had a pressure ulcer (sacral (triangular shaped bone at the base of the back) stage II (exposes the dermis, partial skin loss)), initiated 04/11/25.</p> <p>Record review of Resident #3's Order Summary Report, dated 06/02/25, indicated enhanced barrier precautions related to a colostomy and Foley every shift. This was an active order with an order date of 05/02/25. Cleanse sacral wound with dermal wound cleanser, apply xeroform gauze, apply bordered dressing every day until healed and PRN, soiled or dislodged dressing every 24 hours. This was an active order with an order date of 05/28/25. Urinary catheter: enhanced barrier precautions due to the presence of a urinary catheter. This was an active order with an order date of 04/14/25. Urinary catheter: (Specify: indwelling catheter in place. Size 16 FR bulb 10 ml).</p> <p>During an observation on 06/02/25 at 11:28 a.m. of Resident #3's door indicated a sign for enhanced barrier precautions. The ADON performed hand hygiene and prepared all the wound care supplies needed and placed them on wax paper. The ADON entered the room, and not put on a gown, and set the supplies up on Resident #3's bedside table. The ADON proceeded with wound care, without wearing a gown. Once the wound care was completed, the ADON cleaned up all the supplies, cleaned the bedside table, and completed hand hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 - Few</p>	<p>Record review of Resident #4's admission Record, dated 06/03/25, indicated he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including insomnia, seizures, and major depressive disorder.</p> <p>Record review of Resident #4's Quarterly MDS Assessment, dated 05/09/25, indicated his BIMS score was not completed due to Resident #4 being rarely/never understood. Further review revealed under the section swallowing and nutritional status, revealed he had a feeding tube, while a resident.</p> <p>Record review of Resident #4's Care Plan with no date indicated: The resident received g-tube (gastrostomy tube, a tube that provides direct access to the stomach) feedings, initiated 10/30/23. The resident was at nutritional risk related to g-tube feeding, initiated 10/10/23. The resident was on enhanced barrier precautions related to indwelling medical device; feeding tube, initiated 04/09/24.</p> <p>Record review of Resident #4's Order Summary Report, dated 06/03/25, indicated enhanced barrier precautions, with an active date of 04/09/24. This was an active order with an order date of 05/02/25. GT: Change feeding set/bag/piston syringe every night shift, this was an active order with an order date of 05/04/23. GT: Verify tube placement before each use. If unable to verify placement, notify physician. This was an active order with an order date of 01/30/25.</p> <p>During an observation on 06/03/25 at 10:08 a.m. of Resident #4's door indicated a sign for enhanced barrier precautions and a bin of PPE (personal protective equipment) outside the door. Inside of the room providing patient care to the resident, was a podiatrist with gloves on and no gown. LVN B walked up, placed her own gown and mask on, handed a mask to the podiatrist, grabbed another gown, re-entered the room, and closed the door. When the door was opened, the podiatrist had a gown and mask on.</p> <p>During an interview with the ADON on 06/03/25 at 10:07 a.m. she confirmed she was the Infection Preventionist. She stated the residents that were placed on enhanced barrier precautions either had a Foley catheter (drains urine), an IV (intravenous therapy), a colostomy (allows waste to exit the body), pressure wounds, ports (dialysis access), fistulas (dialysis access), or g-tubes. She confirmed a gown should be worn while providing wound care to residents. She stated she should have worn a gown during the wound care observation. She stated if the enhanced barrier precautions were not followed, it could contaminate clothes and pass from resident to resident.</p> <p>During an interview with LVN B on 06/03/35 at 10:13 a.m., she stated Resident #4 was on droplet precautions. Everyone that provided care to Resident #4 was to wear a gown and mask. She stated his sputum was positive for MRSA (methicillin-resistant staphylococcus aureus). She stated, she informed the podiatrist of the precautions, and he thanked her. She explained what needed to be worn in the room to the podiatrist. She stated she would have told him before he entered, but she did not see him go into the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	
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 - Few</p>	<p>During an interview with the ADON on 06/03/25 at 10:20 a.m., she stated Resident #4 tested positive for MRSA per sputum. She stated a new culture had been done, and believed the droplet precautions could be removed today. She stated the resident had a g-tube, so even when cleared of MRSA, the enhanced barrier precautions would stay in place. She stated if the resident was still on droplet precautions, a gown, mask, and gloves should be worn. If the resident was on enhanced barrier precautions, a gown and gloves should be worn. She stated staff and other medical professionals knew to wear a gown and gloves due to the sign on or near the door which stated they were on enhanced barrier precautions, what to wear, and when. When asked if they were in-serviced, she stated, I think we in-service them, too. I would have to check. I know our wound care providers know. She stated, We are all responsible to ensure staff and visitors wear PPE for enhanced barrier precautions. All are in-serviced and educated.</p> <p>During an interview with the DON on 06/03/25 at 11:03 a.m., she stated anyone with wounds, dialysis catheters, Foley catheters, IV's, drains, and anything inserted should be on enhanced barrier precautions. Staff and visitors should know because there were signs posted outside the door. When wound care was being done, a gown and gloves should be worn, and at times a face mask depending on what was being done. Anyone that provided hands-on care should wear enhanced barrier precautions. She stated, It is not needed to deliver food trays, only for direct care. She stated not following enhanced barrier precautions could cause spread of infection or contamination. The signage was used to make outside providers aware of the EBP, as well as verbally.</p> <p>Record review of a facility in-service titled, Topic: Enhanced Barrier Precautions, dated 03/29/24, revealed it did not have the ADON's signature.</p> <p>Record review of a facility in-service titled, Topic: HIPPA (Health Insurance Portability and Accountability Act), Infection Control/Prevention, Abuse, Neglect, and Exploitation, Misappropriation, and Resident Rights, dated 05/07/24, revealed it included the ADON's signature.</p> <p>Record review of the facility's policy and procedure on Enhanced Barrier Precautions, no date, revealed:</p> <p>Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Definitions:</p> <p>Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER College Street Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 College St Beaumont, TX 77707	

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 - Few</p>	<p>An order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes . PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room .high-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC (peripherally inserted catheter) lines, midline catheters, and wound care: any skin opening requiring a dressing .</p>