STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675816	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbrier Nursing & Rehabilitation Center of Pale	2404 Hwy 155 Palestine, TX 75803

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to, based on the comprehensive assessment of a resident, ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 4 residents (Resident #1) reviewed for quality of care. The facility failed to ensure Resident #1 was appropriately bathed on 4/14/26 and 4/15/26 when EKG electrodes were left adhered to her skin. The facility failed to ensure Resident #1's skin as appropriately assessed on 4/15/26 when EKG electrodes were left adhered to her skin. This failure could place all residents who receive bed baths or skin assessments at risk of skin breakdown, infection, and hospitalization.Findings included: 1. Review of an admission Record dated 4/29/26 for Resident #1 indicated she was a [AGE] year-old female readmitted to the facility on [DATE] with diagnoses of Hemiplegia and hemiparesis (weakness and paralysis on one side), cerebral infarction (stroke), type 2 diabetes. Record review of a quarterly MDS dated [DATE] indicated Resident #1 had intact cognition with a BIMS of 15. She required supervision while eating; she required moderate (caregiver provides more than half the effort) to dependent assistance(caregiver provides all the effort) with all other ADLs. She had no documented skin integrity concerns. Record review of a comprehensive care plan dated 12/15/2025 indicated Resident #1 had an ADL self-care performance deficit. Interventions were in place including assistance with personal hygiene and bathing. Review of hospital discharge records for Resident #1 dated 4/13/26 indicated a 12-lead EKG (measures electric activity of the heart) was completed in the hospital. Review of a facility care-task completion record for Resident #1 dated April 2026 indicated Resident #1 received assistance bathing on 4/14/26 by CNA A and on 4/15/26 by CNA C. Review of a weekly skin assessment dated [DATE] by LVN D, indicated Resident #1 had no alterations in skin integrity and no new areas that had not been communicated to the physician/NP or family. The skin assessment did not indicate any EKG electrodes were adhered to resident's skin. During an interview on 4/29/26 at 9:54 a.m., Resident #1 said she had only received 7 showers since she was admitted to the facility. Resident #1 said she did receive bed baths, but they were inadequate. Resident #1 said the bed baths were not completed correctly and she was not getting clean. Resident #1 said she had an EKG performed on 4/13/26 for symptoms of a stroke. Resident #1 said the EKG electrodes remained on her body for maybe a week. Resident #1 said she did not receive a proper bed bath while the EKG electrodes were adhered to her chest. During an observation on 4/29/26 at 11:16 a.m., LVN C performed wound care for Resident #1. Resident #1's skin was observed as perineal care was also conducted for Resident #1. Resident #1 had 3 wounds to her sacrum, wounds were washed and a medicated cream was applied per physician orders. LVN C did not identify any new skin integrity concerns. Residents skin appeared to be clean, no EKG electrodes or other devices were noted adhered to resident skin. During an interview on 4/29/26 at 1:40 p.m., CNA A said she typically bathed Resident #1. CNA A said Resident #1 often requested wash ups instead of showers which were very basic such as washing face, neck, arms, and hands. CNA A said she still charted these wash ups as a bed bath because that was resident's request. CNA A could not specify who in administration told her to chart partial baths as a bed bath. During an interview on (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/29/26 at 1:49 p.m., RN B said she worked for a local hospital in a pre-procedure unit. RN B said Resident #1 arrived to her scheduled appointment on 4/16/26 and during the course of preparing resident for the procedure it was noted she had EKG electrodes adhered to her skin. RN B said she believed these electrodes to be the same ones applied when resident was at the hospital previously on 4/13/26. During an interview on 4/30/26 at 8:55 a.m., CNA A said she could not recall specifically giving Resident #1 a shower or bed bath between 4/13/26 and 4/16/26 but if it was charted, she did. CNA A said she did not notice any EKG electrodes on resident's skin. CNA A said she should have noticed and removed them if she was giving resident an appropriate bed bath. An interview was attempted with CNA C on 4/30/26 at 9:47 a.m.; CNA C's available phone number was not a good contact number. During an interview on 4/30/26 at 9:53 a.m., LVN D said she completed a skin assessment of Resident #1 on 4/15/26. LVN D said she completed an observation of all of resident's skin and she did not note any EKG electrodes on resident's skin during her skin assessment. LVN D said she should have seen EKG electrodes and removed them to perform a proper skin assessment. During an interview on 4/30/26 at 10:45 a.m., the DON said she would not normally expect EKG electrodes to still be in place after a resident received a shower/bedbath. DON said she would expect the electrodes to have been removed or at least attempted to be removed and documented if they were adhered too firmly. The DON said during a skin assessment she would expect the nurse to remove the EKG electrodes and document the finding. The DON said the nurses typically only chart new findings in skin assessments. The DON said she planned to introduce changes including assigning the treatment nurse to assess resident's skin anytime they came back from the hospital to document all new concerns including adhered medical devices. The DON said previously no one person was assigned this task and it fell to the charge nurse on the floor. During an interview on 4/30/26 at 10:52 a.m., the ADM said she was ultimately responsible for supervision of all staff, including nursing staff. The ADM said she expected CNAs when bathing a resident to complete the ask appropriately and document the care, or document the care refusal and report it to the charge nurse for assistance. The ADM said she would not expect to find EKG electrodes or other devices adhered to resident skin after a shower or bed-bath. The ADM said she expected nurses performing skin assessments to remove any items adhered to resident's skin such as EKG electrodes. The ADM said the risks to residents from improper baths or skin assessments could be skin integrity concerns/skin break down. The ADM said the facility had already begun inservicing staff. Review of an undated facility policy titled Bedbath, Complete indicated The resident will be clean and free of dryness, irritation, or pruritic(itching).The Resident will verbalize a feeling of comfort and well-being. A skin assessment policy was requested from the facility but a wound management policy was supplied.