

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675887	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER St. Joseph Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Manor Dr Bryan, TX 77802	
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 observation, interviews and record review, the facility failed to ensure residents had the right to be free from exploitation and misappropriation of property for one of four residents (Resident #1) reviewed for misappropriation of resident property. The facility failed to protect Resident #1 from CNA A, who at some point during her employment from 10/30/2025 through 12/09/2025 took Resident #1's debit card and incurred at least 36 unauthorized charges from 11/29/2025 through 02/08/2026. This failure placed residents at risk of misappropriation of property and financial loss. Findings included: Review of Resident #1's face sheet dated 11/10/2025 reflected a [AGE] year old female admitted to the facility on [DATE] with the following diagnoses: dementia (A group of symptoms that affects memory, thinking and interferes with daily life.), Diabetes Mellitus (A condition results from insufficient production of insulin, causing high blood sugar.), and hypertension (High pressure in the arteries (vessels that carry blood from the heart to the rest of the body). Review of Resident #1's quarterly MDS dated [DATE] reflected Resident #1 was assessed to have a BIMS score of six indicating she had severe cognitive impairment. Resident #1 was assessed to require partial to substantial assistance with all ADLs. Review of Resident #1's comprehensive care plan reflected a focus area dated 11/21/2025 Impaired coping. Interventions included Encourage times of rest and relaxation between care activities. Include Resident/ Representative in determining next steps in care. Review of the facility's provider investigation report dated 03/03/2026 reflected the facility was made aware on 03/02/2026 that staff CNA A had been arrested and was being held for credit card or debit card abuse of the elderly for the allegation of taking Resident #1's debit card and using it in the area for personal purchases. Review of a statement provided by law enforcement dated 03/03/2026 reflected .[CNA A] is alleged to have committed financial exploitation of the Resident from 11/29/2025 through 02/08/2026. The Resident incurred at least 36 unauthorized charges on her credit card. The transactions occurred in multiple cites.The card was used at liquor stores, grocery stores, and gas stations (unsure of the dollar amount associated with the charges as the matter remains under investigation by law enforcement.) The CNA was employed by the facility beginning in November 2025 and her last day of employment was 12/09/2025. On 03/03/2026 the CNA was arrested and is currently being held on charges of credit card abuse of an elderly individual. The Residents family member who is his power of attorney, reported the matter to law enforcement. The [family member] stated it was in the best interest of the resident not to be informed of the situation due to her stress and related mental health concerns. Observation and interview on 03/11/2026 at 10:10 am revealed Resident #1 in her room alert. She did not have any complaints regarding staff treatment and did not voice any concerns regarding any missing personal items. In an interview on 03/11/2026 at 11:23 AM Resident #1's RP stated that while he was checking Resident #1's debit card statement that he noticed a lot of charges to her card that she could not have made. He stated that he called the police and reported it. He stated he did not tell the facility about the charges because the police told him not to tell them until more investigation was performed to ensure she was the only one in on it. He stated the facility could not have known about it because the card statements are sent to him. He stated the detective has the CNA in custody stating they had her on video in a store using (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
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1's debit card. He stated the facility was notified after the CNA was apprehended and they were told not to tell Resident #1 because he did not want her to worry since there was nothing she could do about it. Review of CNA A's employee record provided by the facility on 03/11/2026 reflected she was hired on 10/30/2025 and her last day worked was 12/09/2025. She was terminated on 12/12/2025 for no call no show. Further review of her employee record reflected her criminal history check was performed on 10/29/2025 which did not reveal any offence that would hinder her employment. In an interview on 03/11/2026 at 1:50 PM the DON stated CNA A started work at the facility on 10/30/2025 and stated her last day was 12/9/2025. She stated she was terminated for not showing up to work. She stated she had not had any complaints about her while she was working at the facility. In an interview on 03/11/2026 at 2:05 PM the Administrator stated that the facility did not receive the credit card statements for Resident #1 and she was unaware of any misappropriation for Resident #1 until she received a subpoena from the detective. She stated at that point she reported the misappropriation to HHSC. Review of the Subpoena Deuces [NAME] dated 03/02/2026 reflected a summons for the facility to appear in court to provide all records pertaining to the employment and termination of CNA A. The subpoena was signed by the detective. Review of the facility policy Abuse, Neglect, Exploitation and Misappropriation and Prevention Program dated April 2021 reflected Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the residents' symptoms. 2. Develop and implement policies and protocols to prevent and identify: c. theft, exploitation or misappropriation of resident property. 4. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has; a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents are offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet for one of four residents (Resident #2) reviewed for physician ordered supplements. The failed to ensure Resident #2 received his physician ordered supplement ensure clear with his lunch meal. This failure placed residents at risk for weight loss, malnutrition, and poor quality of life. Findings included: Review of Resident #2's face sheet dated 03/11/2026 reflected he was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Ogilvie syndrome (An intestinal pseudo-obstruction feels like something is physically blocking your bowels. But they aren't actually obstructed because they're paralyzed.), hemiplegia and hemiparesis (Hemiplegia is a symptom that involves one-sided paralysis. Hemiplegia affects either the right or left side of your body.) following a cerebral infarction (the pathological process that results in an area of necrotic tissue in the brain.) Review of Resident #2's annual MDS assessment dated [DATE] reflected Resident #2 was assessed to have a BIMS score of 13 indicating he was cognitively intact. Resident #2 was assessed to not have weight loss. Review of Resident #2's comprehensive care plan reflected a focus area dated 10/21/2025 State of nourishment, less than body requirement characterized by weight Loss, inadequate intake, decreased appetite related to: Cognitive Impairment, Decreased Appetite. Interventions included .Provide therapeutic supplements. Review of Resident #2's consolidated physician orders reflected an order dated 05/27/2025 ensure clear with noon/lunch meal one time daily. Review of Resident #2's weight record from 10/08/2025 through 03/03/2026 reflected he had not had significant weight loss. His 10/08/2025 weight was recorded at 164.8 and his 03/03/2026 weight was recorded at 164.6. Observation and interview on 03/11/2026 at 10:00 am revealed Resident #2 was up in his wheelchair in his room. Resident #2 stated he did not like the food at the facility. He stated he was supposed to be getting a supplement at lunch, but they never gave it to him. In an interview on 03/11/2026 at 11:04 AM Resident #2's RP stated Resident #2 was not getting his ensure clear as ordered. She stated she has asked the facility at the past two care plan meetings to make sure he was getting his supplement, but nothing has been done. Observation on 03/11/2026 at 1:20 PM revealed Resident #2 in his room with his lunch tray. No supplement was observed on his tray. In a follow-up interview on 03/11/2026 at 2:00PM Resident #2's RP stated she had told the facility at the last two care plan meetings with the last one being in October 2025. She stated at the meeting she told the social worker about Resident #2 not getting his ensure clear. Review of Resident #2's care plan meeting dated 10/07/2025 reflected under section problem/needs needs clear ensure. In an interview on 03/11/2026 at 1:50 PM the DON stated she was not aware Resident #2 was not getting his ensure clear. She stated the facility can order the supplement and there was no reason he should not be getting the supplement. She stated if a resident had an order for a supplement she expected them to get it. In an interview on 03/11/2026 at 2:17 PM the SW stated she remembered Resident #2's family telling her about the ensure clear. She stated she thought she passed that on to nursing. She stated she was responsible and should have followed up to make sure he was getting it. Requested policy for physician ordered supplements on 03/11/2026 at 2:50 PM. Policy sent at 3:17 PM was Administering Medication dated 04/2019 which reflected Medications are administered in a safe and timely manner, and as prescribed.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drug and biologicals) to meet the needs of each resident for one of four residents (Resident #2) reviewed for medications and pharmacy services, in that: The facility failed to ensure Resident #2's physician ordered medications Bisacodyl, lactobacillus, and polyethylene glycol prescribed for his Ogilvie syndrome. These deficient practices could place residents at risk of not receiving therapeutic dosage of medications and symptomatic changes in vital signs. Findings included: Review of Resident #2's face sheet dated 03/11/2026 reflected he was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Ogilvie syndrome (An intestinal pseudo-obstruction feels like something is physically blocking your bowels. But they aren't actually obstructed because they're paralyzed.), hemiplegia and hemiparesis (Hemiplegia is a symptom that involves one-sided paralysis. Hemiplegia affects either the right or left side of your body.), following a cerebral infarction (the pathological process that results in an area of necrotic tissue in the brain.) Review of Resident #2's annual MDS assessment dated [DATE] reflected Resident #2 was assessed to have a BIMS score of 13 indicating he was cognitively intact. Resident #2 was assessed to not have weight loss. Review of Resident #2's comprehensive care plan reflected a focus area dated 05/14/2025 I have an alteration in gastro-intestinal status related to recent DX of Ogilvie syndrome (pseudo obstruction). Interventions included, . Give medications as ordered. Monitor/document side effects and effectiveness. Review of Resident #2's consolidated physician orders reflected the following orders: Bisacodyl rectal suppository 10 mg one time a day for constipation dated 06/20/2025, lactobacillus give two tablets by mouth one time a day dated 01/11/2026, and Polyethylene Glycol 17 grams by mouth two times day dated 07/16/2025. Observation and interview with Resident #2 on 03/11/2026 at 10:00 AM revealed Resident #2 in his room up in his wheelchair. Resident #2 stated he was not getting his medications for his constipation consistently. He stated they told him they changed pharmacies, but he has run out of medications and he needs them. He stated last night he did not get his suppository. He stated they told him they ran out of them. Review of Resident #2's MAR for March 2026 reflected he did not receive his lactobacillus on 03/01/2026 through 03/04/2026. Further review reflected Resident #2 did not receive his polyethylene glycol on 03/03/2026 or 03/04/2026 and did not receive his bisacodyl suppository on 03/10/2026. Review of Resident #2's nursing progress notes from 03/01/2026 through 03/04/2026 reflected the reason for the lactobacillus not being administered was it was on order. Further review reflected on 03/03/2026 and 03/04/2026 that his polyethylene glycol was not administered due to being on order. Review of his nursing note dated 03/10/2026 reflected his bisacodyl suppository was not administered due to being on reorder. In an interview on 03/11/2026 at 11:04 AM Resident #2's RP stated it has been an ongoing problem with Resident #2 running out of his medication and he was out for multiple days. He had not received his lactobacillus, polyethylene glycol and bisacodyl suppository for multiple doses. She stated he had Ogilvie syndrome (caused by his stroke) (unexplained paralysis of his colon) and he has to have these medications to keep his bowels moving. She stated he has not had any problems yet but did not want him to have any. In an interview on 03/11/2026 at 11:30 AM MA B stated Resident #2's medications polyethylene glycol, and probiotic are over the counter. She stated they have to have their order for OTC medications to the DON on Monday and they receive the medications on Wednesday. MA B stated if they miss the order on Monday then they have to wait until the next week to put in another order. In an interview on 03/11/2026 at 11:52 AM Resident #2's NP stated she expected all residents to get their ordered medications, and it is very important to have consistency in his medication administration. She stated she expected the facility to have all medication on hand for administration. (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 03/11/2026 at 11:56 AM the DON stated the facility ordered OTCs a week ahead of time and stated they did have a contract with a local pharmacy and the facility could get OTCs from there. The DON stated the facility should not be running low on OTC medications and no one should run out of medications. She stated after looking at her order list on her desk that Resident #2's suppositories were not on the list for this week's delivery, but she would make sure it was ordered. In an interview on 03/11/2026 at 2:05 PM the Administrator stated resident medications should always be available and if not, someone should go get them if they are out. The Administrator stated medications should never be missed. Review of the facility's policy Medication Orders and reorder (not dated) reflected The facility shall maintain accurate documentation of all medications ordered, reordered, dispensed, and received. Medication ordering and receipt processes will be managed through the facility's electronic health record (EHR) and coordinated with the contracted dispensing pharmacy. Emergency or STAT medications may be obtained through emergency drug kits. STAT pharmacy delivery, or provider STAT orders entered in EHR. Emergency medications must still be entered into EHR and documented on the Electronic MAR. Review of the facility's policy Administering Medication dated 04/2019 reflected Medications are administered in a safe and timely manner, and as prescribed.</p>		