STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675906	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Benbrook Nursing & Rehabilitation Center	1000 McKinley St Benbrook, TX 76126

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review , the facility failed to provide a safe, clean, comfortable and homelike environment for 5 of 12 residents (Resident # 1, Resident #2, Resident #3, Resident #4, and Resident #5) reviewed for environment. The facility failed to ensure bathroom floors were clean and in good repair for Resident #1, Resident #2, Resident #3, Resident #4's and Resident #5's bathrooms on the 300 hall male secured unit. This failure could place residents at risk for diminished quality of life due to unclean, unhealthy, and un-homelike living conditions and possible infections. Findings included:Record review of Resident #1's quarterly MDS, dated [DATE], reflected Resident #1 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with active diagnoses that included non-Alzheimer's dementia (any form of cognitive decline not caused by Alzheimer's diseases encompassing dozens of conditions) and psychotic disorder than than schizophrenia (group of conditions defined by a loss of contact with reality, primarily characterized by hallucinations, delusions, or disorganized thinking). Record review of Resident #2's quarterly MDS, dated [DATE], reflected Resident #2 was initially admitted to the facility on [DATE] and re-admitted to the facility on [DATE] with active diagnoses that included non-Alzheimer's dementia (any form of cognitive decline not caused by Alzheimer's diseases encompassing dozens of conditions) and psychotic disorder than schizophrenia (group of conditions defined by a loss of contact with reality, primarily characterized by hallucinations, delusions, or disorganized thinking). Record review of Resident #3's quarterly MDS, dated [DATE], reflected Resident #3 was initially admitted on [DATE] and re-admitted on [DATE] with active diagnoses that included non-Alzheimer's dementia (any form of cognitive decline not caused by Alzheimer's diseases encompassing dozens of conditions) and schizophrenia (mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions). Record Review of Resident #4's quarterly MDS, dated [DATE], reflected Resident #4 was admitted on [DATE] with active diagnoses that included non-Alzheimer's dementia (any form of cognitive decline not caused by Alzheimer's diseases encompassing dozens of conditions) and schizophrenia (mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions). Record review of Resident #5's admission record, dated 06/01/26, reflected Resident #5 was admitted on [DATE] with diagnoses of unspecified dementia, severe, with agitation (an advanced stage of cognitive decline paired with significant behavioral disturbances) and schizophrenia, unspecified (group of conditions defined by a loss of contact with reality, primarily characterized by hallucinations, delusions, or disorganized thinking). Observation on 05/19/26 at 11:10 A.M. of Resident # 3, Resident #4 and Resident #5's bathroom revealed approximately 11 missing tiles on the wall and a dark black substance on the floor at the base of the toilet. Observation on 05/20/26 at 11:40 A.M. of Resident #1 and Resident #2's bathroom revealed approximately 10 missing tiles on the wall and a dark black substance on the floor at the base of the toilet. Interview on 05/19/26 at 9:36 AM with Resident #4 revealed that Resident #4 was unable to answer questions during interview due to cognitive decline. Interview on 05/19/26 at 10:00 AM with Resident #3 revealed that Resident #3 was unable to answer (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	questions during interview due to cognitive decline. Interview on 05/19/26 at 10:19 AM with Resident #2 revealed that Resident #2 was unable to answer questions during interview due to cognitive decline. Interview on 05/19/26 at 10:37 AM with Resident #1 revealed that Resident #1 was unable to answer questions during interview due to cognitive decline. Interview with Resident #5 was not attempted on 05/19/26.Interview on 05/20/26 at 11:46 AM with CNA B revealed that she primarily worked the men's secured unit Monday through Friday 6:00 AM through 2:00 PM. CNA B also stated she had not noticed the missing tiles and black substance on the floors of the bathrooms of Resident #1, Resident #2, and Resident #3, Resident #4, and Resident #5. CNA B stated both residents were incontinent in room [ROOM NUMBER], but they could wander in the bathroom, or other residents could go in their bathroom. CNA B stated that the residents in rooms 302 and room [ROOM NUMBER] utilize their bathrooms. CNA B stated it was the facility's policy that if nursing staff observed maintenance issues, they should report it as soon as possible to the Maintenance Director or the nurse. CNA B revealed it was everyone's responsibility to notify someone if there were broken items or if something needed repair in residents' rooms and bathrooms. CNA B also stated that if she saw broken items in a room or bathroom, she should report the needed repairs to the nurse. CNA B also said that if she saw the maintenance director in the hallway, she would report the issue directly to him. CNA B stated broken tiles could affect a resident by causing the residents to trip, thereby hurting them. CNA B revealed the black substance on the bathroom floors could cause harm to residents because it could be an infection control issue. Interview on 05/20/26 at 12:02 PM with LVN A revealed she was employed at the facility for approximately a week. LVN A stated it was the nurses' and CNAs' responsibility to report maintenance issues to ensure the residents' rooms and bathrooms stayed in good repair for the residents' safety. LVN A stated that nurses should report maintenance issues to the Maintenance Director. LVN A revealed that she had not seen the black substance on the bathrooms' floors and had not noticed the missing tiles in either of the bathrooms. LVN A stated she should have reported these issues to the Maintenance Director. LVN A stated that the missing tiles could affect the residents by causing the residents to trip and fall or the residents could be cut from the tile. LVN A stated that the black substance on the bathroom floors could be an infection control issue. Observation and interview on 05/20/26 at 12:20 PM with the Maintenance Director revealed he was employed at the facility for approximately two weeks. The Maintenance Director stated his primary responsibility was to ensure the facility was kept in good working order. The Maintenance Director also stated he received information on repairs needed from an application on his phone or verbally in-person from the staff and residents as well. The Maintenance Director stated that when he received notice of needed repairs that were a safety concern, he completed them immediately because it prevented residents from being hurt. The Maintenance Director stated it was everyone's responsibility to notify him of repairs needed throughout the building, including residents' rooms and bathrooms. The Maintenance Director also revealed that it was his responsibility and his assistant's responsibility to complete maintenance requests. The Maintenance Director stated he was not notified about the two bathrooms prior to this surveyor's entrance. The Maintenance Director revealed missing tiles in residents' bathrooms were a health and safety concern because they were sharp and could also cause a resident to trip and fall. The Maintenance Director stated that the dark black substance could be a result from the water leak or not being cleaned thoroughly. The Maintenance Director stated that if he could not repair something in the building, the facility's process and procedure would be to obtain an estimate and provide it to the Administrator. Interview on 05/20/26 at 12:29 PM with the ADON revealed she had not seen the missing tiles and had not seen the dark black substance around the toilets in the bathrooms of Resident #1, Resident #2, and Resident #3, Resident #4, and Resident #5. The ADON stated it was everyone's responsibility to look at residents' rooms and bathrooms to ensure they were in good working order. The ADON stated the facility had champion rounds in which department heads made rounds entering all rooms to look for items that needed repair. The ADON stated all staff should speak up and report any item needing repair. The (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ADON said she expected the staff to use the maintenance application posted throughout the facility to report needed repairs. The ADON stated that the facility policy for residents was that they must have a clean, safe homelike environment, and she expected staff to use effective communication to create that homelike environment. The ADON also stated the facility policy was that all maintenance issues should be reported to the Maintenance Director and the Administrator. The ADON stated that missing tile could cause residents to harm themselves, and a dark black substance could cause harm to the residents. Interview on 05/20/26 at 1:26 PM the Administrator stated he expected staff to report the missing tile and the dark black substance. The Administrator stated staff were to use the maintenance application provided by the facility to report maintenance issues. The Administrator stated that any staff could report maintenance issues. The Administrator said the CNAs could report maintenance issues to their charge nurse or use the maintenance application. The Administrator stated it was everyone's responsibility to report items that needed repair in residents' rooms and bathrooms. The Administrator stated the Maintenance Director was responsible for facility repairs, and it was his (Administrator's) responsibility for following up on the repairs to ensure they are completed. The Administrator stated that missing tile could affect residents because residents could accidentally hurt themselves on the broken tile. The Administrator said that water build up could cause environmental issues. Record review of the facility policy titled, Homelike Environment Policy, dated 02/2021, reflected: Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include:Clean and sanitary environment.