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	06/05/2026

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 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 interview and record review the facility failed to review and revise the resident's comprehensive care plan after each assessment including both the comprehensive and quarterly review assessments for 1 of 2 residents (Resident #1) reviewed for care plans. The facility failed to update Resident #1's care plan to reflect change in behavior needs for a resident with change in condition. This failure put residents at risk of not having their needs met and a decreased quality of life. Findings Included:Record Review of Resident #1's admission Record revealed- [AGE] year old male admitted to the facility on [DATE] with the following diagnosis: paraplegia (a term used to describe the inability to voluntarily move the lower parts of the body). Record Review of Resident #1's Care Plan revision date 04/02/2026 revealed; The resident has an alteration in neurological status r/t mild cognitive impairment of uncertain or unknown etiology. Interventions- Monitor/document and report PRN s/sx of tremors, rigidity, dizziness, changes in consciousness, slurred speech. Report to LPN and RN. Record Review of Resident #1's Minimum Data Set (MDS) Nursing Home Quarterly dated 05/29/2026 revealed- BIMS score of 13 (indicated no cognitive impairment). Section E-Behavior; Potential indicators of Psychosis- None of the above. Behavioral Symptoms-Presence and Frequency. Physical behavioral symptoms directed toward others (Behavior not exhibited), Verbal behavioral symptoms directed toward others (Behavior not exhibited), Other behavioral symptoms not directed toward others (Behavior not exhibited). Rejection of Care-Presence and Frequency. Did the resident reject evaluation of care that is necessary to achieve the resident goals for health and well-being? (Behavior not exhibited).Record Review of Resident #1's Physicians Orders dated 02/26/2026 revealed, Behavior Monitoring- Antianxiety Behavior Code: 0 None 1. Restlessness 2. Pacing 3. Continuous cry for help 4. Afraid/panic 5. Repetitious movements 6. Verbalizations of anxiety 7. Other (Document in PN) Interventions: Document in PN every shift. Record Review of Resident #1's Progress notes created by RN A dated 05/23/2026 at 14:39 revealed; Resident #1 acting in a non normal way. Upon assessment Resident #1 had taken apart wheel chair, and requesting it to be put back together, he had taken the seat and put it behind the HOB. Resident #1 had taken broken cigarettes and put them in his shorts, he kept turning from side to side constantly moving in bed, kept moving pillow from top of bed to side of bed appears to be tweaking . Demanding lights to be turned off, and blinds closed. Pupils dilated. 1115 CNA attempted to change brief, he refused to turn. Kept saying thing shat very non understandable . 1130 resident had removed all clothing, thrown about room. 1200 refused to eat lunch, requested lights on had turned completely around in bed. Attempted to call resident family member no answer, called to inform administrator of condition. Will continue to monitor. 1300 stated he (Resident #1) stated he was alright. 1400 Appears to be acting more like self 1430 up in w/c about the facility, will continue monitor. During an interview on 06/04/2026 at 11:50 AM Resident #1 stated he feels safe in the facility but does not like being in the facility because it is a bunch of old people. He stated he will sign himself out and go to various retail shops in the area. During an interview on 06/04/2026 at 3:42 PM with DON revealed; the expectation was the medical director should be contacted when there is a change of condition and refusal. The risk is a change of condition could not be handled correctly, and the resident's condition worsens.

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