

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/14/2025
NAME OF PROVIDER OR SUPPLIER  Songbird Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Songbird Cir Brownwood, TX 76801	

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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>41944</p> <p>Based on interview and record review the facility failed to not use any individual working in the facility as a nurse aide for more than four months on a full-time basis unless that individual has completed a training and competency evaluation program for 1 (SNA A) of 3 student nurse aides reviewed.</p> <p>The facility failed to ensure SNA A was certified within the required time.</p> <p>This failure place residents at risk for receiving inappropriate care from an individual whose skill level was not known.</p> <p>Findings include:</p> <p>Review of the facility's employee files revealed:</p> <p>-SNA A had a hire date of 4/18/2023 and worked full time.</p> <p>- An employability status check dated 8/27/24 indicated SNA A had a CNA certification expiration date of 5/22/15.</p> <p>During an interview on 03/12/2025 at 6:30 PM , SNA A stated she had been working continuously at the facility since April of 2023. She stated she performed the duties of a CNA on the 6 PM to 6 AM shift. She stated that she had taken her certification test and failed the skills test about 2 months ago. She stated she felt like she failed the test because she would ask the ADON (no longer employed at the facility) to help her with her skills and she didn't want to help her. She stated she did not tell the DON or Administrator that she needed assistance. She stated the adverse outcome that could result from her failure to be certified would be the resident might not get the care that they should receive, and that might affect their health and overall wellbeing. She stated she had not registered to take the test again because she had to pay for it herself . She stated the facility paid for the first attempt at passing the CNA certification , but if the SNA failed on the first attempt, it was the responsibility of the SNA to pay for the certification retesting.</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
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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/13/2025 at 2:47 p.m., the DON stated that her expectation would be for the facility to have certified nurse assistants. She stated that she recently took on the responsibility of monitoring and ensuring the CNAs tested and became certified. She stated she was aware that SNA A was working without certification but didn't know there was a limit on how long she could work before becoming certified. She stated she knew that SNA A would have to pay for the retesting for the skills portion of her test. She stated the company would only pay for the first test. She stated SNA A had not requested her assistance to prepare for the test. She stated no negative effect had occurred to residents due to care received from a non-certified NA, but an adverse outcome could be that a resident could not receive appropriate care. She stated it was the responsibility of the prior ADON to monitor training and certifications, but going forward it was her responsibility.</p> <p>Record review of a document titled How To Become a Certified Nurse Aide (CNA) in Texas not dated stated in part:</p> <ul style="list-style-type: none"> <li>- Complete NATCEP Training (Nurses aide Certification and Evaluation Training program)</li> <li>- Submit an application through TULIP (Texas Unified Licensure Portal)</li> <li>- NATCEP approval - based on successful completion of training; Successful background check Student not listed on the EMR</li> <li>- Schedule and pass the exam : Student schedules and passes both the written and skills exams</li> </ul> <p>Record review of the document provided by the DON titled Job Description For A SNA dated 2010, and signed on 4/ 18/23 by SNA A stated the following [in part] :</p> <p>Knowledge Base -</p> <p>Must provide written proof of a completion of 16-hour ADL training by authorized school instructor. Only perform patient care areas that they have been trained for, accountable for personal care (grooming, dressing, personal care, catheter care, peri care, and dressing), basic computer knowledge, identifies and reports any condition requiring management attention, ambulate and transfer residents utilizing appropriate assistive devices and body mechanics .</p> <p>Applicant declaration: I have read the qualifications and requirements of the position of student nurses aide; I understand this position is not permanent but limited to 120 days in which I am required to test and obtain certification. I understand and certify that the foregoing is a non-exhaustive criterion that is consistent with the needs of this facility and is a legitimate measure of the qualifications for a Certified Nursing assistant and relates to the functions essential to a certified nursing assistant.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>41944</p> <p>Based on interview and record review, the facility failed to complete a performance review of every nurse aide at least once every 12 months and provide regular in-service education based on the outcome of the review for 1 (SNA A) of 6 SNAs and CNAs whose records were reviewed, by failing to ensure:</p> <p>SNA A had an annual performance review and completed 12 hours annual in-service education in 2024 and 2025 which was based on a performance review.</p> <p>This facility failure could affect the residents by placing them at risk for a physical decline in their health status.</p> <p>The findings included:</p> <p>In an interview with the Administrator on 3/13/2025 at 12:30 PM she stated it was her expectation that employees were responsible for taking monthly scheduled training in a program on the computer -based program She stated it was the responsibility of each department head to monitor to see that the employees kept their trainings requirements current and their certification current. She stated failure to complete required training could result in residents not receiving adequate care</p> <p>In an interview on 3/12/2025 at 2:30 PM, the DON stated she could only provide documentation of one new employee orientation in-service training was held. It was dated 4/18/23. She also stated that SNA A did not have a performance review every 12 months or 12 hours of annual training based on her performance review. She stated it was the responsibility of each department head to monitor to see that the employees kept their trainings requirements current and their certification current. She stated failure to complete required training could result in residents not receiving adequate care. She stated she would be monitoring to see that inservices were completed in a timely manner in the future.</p> <p>During an interview on 03/12/2025 at 6:30 PM , SNA A stated she had been working continuously at the facility since April of 2023. She stated she performed the duties of a CNA on the 6 PM to 6 AM shift. She stated that she had taken her certification test and failed the skills test about 2 months ago. She stated she had not completed her 12 hours of Inservice education that is required annually in the Brand XXX training program. She stated she did not realize that it was a state or federal requirement . She stated she did not really know of a negative outcome that could affect the resident due to her not completing her monthly inservices.</p> <p>Review of the facility employee list with hire dates and positions, and the staff in-service sign in sheets for SNA A provided by the DON, revealed documented annual in-service hours, during the last 12 months, as follow:</p> <p>SNA A - date of hire 4/18/2023, - 0 hours of documented in-service since 4/18/2 and no performance evaluation since 4/18/23</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the document provided by the DON titled Job Description for a CNA dated 2014, and signed on 4/ 18/23 by SNA A stated the following [in part] :</p> <p>Knowledge Base -</p> <p>Ability to perform technical procedures and record information, Ability to comply with employee responsibilities, ability to comply with facility safety policies and procedures .</p> <p>Record review of the document provided by the DON titled Job Description for a SNA dated 2010, and signed on 4/ 18/23 by SNA A stated the following [in part] :</p> <p>Knowledge Base -</p> <p>Only perform patient care areas that they have been trained for, accountable for personal care (grooming, dressing, personal care, catheter care, peri care, and dressing), basic computer knowledge, identifies and reports any condition requiring management attention, ambulate and transfer residents utilizing appropriate assistive devices and body mechanics</p> <p>Record review of an Inservice which was given by the DON and Administrator. dated 3/12/25 at 2 PM reflected the following:</p> <p>Brand XXX Inservice training program used by the facility) is mandatory. Continuing education is required by the state and federal government. Training is not optional The trainings must be completed by the due dates. There are new in-services assigned monthly and occasionally inservices are assigned as needed. Get with your department supervisor to discuss how you will get these completed if you are having issues. Each staff member is responsible for their training. Working on this a little every day (10-15 minutes per day) while you are at work will keep your continuing education up to date. This is your education on completing Inservice training in Brand XXX. This is a required task . disciplinary action will be the next step if the training is not completed.</p>		