STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675971	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at the Oak	507 West Ave Schulenburg, TX 78956

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide an ongoing activity program to support residents in their choice of activities, both facility sponsored group and individual activities, and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for 3 (Residents #1, #2 and #3) of 7 residents reviewed for activities. The facility failed to provide activities for Resident #1 and Resident #2 to meet their psycho-social and mental well-being for the months of April 2026 and from May 1, 2026, through May 27, 2026.The facility failed to provide activities for Resident #3 to meet his psycho-social and mental well-being for the month of April 2026.This failure could place residents at risks of boredom, depression, behavior, diminished quality of life and decreased cognitive function. Findings included:1. Record review of Resident #1's face sheet, dated 05/28/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with diagnoses of major depressive disorder (a serious mood disorder- causes persistent feelings of profound sadness, and hopelessness. It is much more than just a passing bad mood and significantly interferes with daily functioning), anxiety disorder (mental health conditions characterized by excessive, persistent, and disproportionate fear or worry in everyday situations), and alcohol abuse with alcohol-induced mood disorder (a person's harmful use of alcohol directly causes severe, mental health symptoms such as severe depression or anxiety). Record review reflected Resident # 1 was discharged [DATE] to another facility.Record review of Resident # 1's admission MDS Assessment, dated 08/12/2025, reflected Resident #1 had a BIMS score of 15 indicating his cognition was intact. Record review reflected Resident #1 felt depressed. Further record review reflected Resident #1's activity preferences included the following:Have books, newspapers, and magazines to read.Listening to music.Be around animals such as pets.Keep up with the news.Do favorite activities.Go outside to get fresh air when the weather was good.Participate in religious services or practices.Record review of Resident #1's Quarterly MDS Assessment, dated 04/13/2026, reflected Resident #1 had a BIMS score of 9 indicating his cognition was moderately impaired. Record review reflected he felt down, depressed, or hopeless.Record review of Resident #1's Comprehensive Care Plan, revised on 04/16/2026, reflected Resident #1 (date initiated on 11/19/2025) had a potential for complications related to facility activity involvement as evidence by: Resident #1 required in-room activities. His activity preferences were the following: bingo, outside social, card games, music and dominos. Interventions: (initiated on 11/19/2025) Provide in-room activities as needed. Remind and encourage Resident #1 to attend activities of preference.Record review of Resident #1's Activity Progress Note, dated 05/26/2026 and signed by the Activity Director, reflected Resident #1 was doing well at this time; he required assistance from staff with transfers. He did require to be reminded of activities such as bingo, outside social, party games, cooking class, and other activities. Activity Director will monitor his needs and place a calendar in his room.Record review of the Activity Participation Records for Resident #1 indicated he did not receive in-room activities or attend any group activities for the months of April 2026 and from 05/01/2026 through 05/272026.During an observation on 05/28/2026 Resident #1 was not in the facility. He was (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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	discharged to another facility on 05/27/2026 per record review.During an interview on 05/28/2026 at 3:43 p.m., the Activity Director stated Resident #1 did not have any documentation of him attending group or being provided in-room activities during the months of April 2026 and May 2026. She stated she did not have an excuse of not documenting his activity participation on the participation records. The Activity Director stated it was her responsibility when she provided any type of activity to document on the day of the activity on participation records. She stated Resident #1 had a lot of behaviors of yelling, cussing, making false accusations about staff almost on a daily basis. She stated he did have episodes of depression and anxiety. The Activity Director stated if received his preferred activities there was a possibility it would prevent him from being less depressed and anxious. She stated any resident, including Resident #1, exhibiting behaviors needed to have a routine activity program to help with behaviors.2. Record review of Resident # 2's face sheet, dated 05/28/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with diagnoses of Alzheimer's disease with early onset (a disease identified at a much younger age than typically expected usually before age of 50 or 65. A progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple daily tasks.), bi-polar disorder (a lifelong mental health condition that causes extreme shifts in mood, energy, and activity levels), major depressive disorder (a serious mood disorder- causes persistent feelings of profound sadness, and hopelessness. It is much more than just a passing bad mood and significantly interferes with daily functioning), and anxiety disorder (mental health conditions characterized by excessive, persistent, and disproportionate fear or worry in everyday situations).Record review of Resident #2's Annual MDS Assessment, dated 05/12/2026, reflected Resident #2 had a BIMS score of 2, indicating severely impaired cognition. Resident #2's activity preference that was very important to him was the following:Have books, newspapers, and magazines to read.Lisen to music.Being around animals such as pets.Keep up with the news.Do things with groups of people.Do favorite activities.Go outside to get fresh air when the weather was good.Participate in religious services and practices.Record review of Resident #2's Comprehensive Care Plan, revised on 05/24/2026 and initiated 04/18/2025, reflected Resident #2 required assistance with activities. Intervention: (initiated on 04/18/2025) Provide in-room activities as needed. Remind and encourage Resident #2 to attend and assist to activities of his preferences.Record review of Resident #2's Activity Participation record reflected he did not receive in-room activities or group activities during the months of April 2026 and from 05/01/2026 through 05/272026.During an observation and interview on 05/28/2026 at 8:55 a.m., Resident #2 was sitting in his wheelchair across from the nurses desk. He was not interacting with other residents. Resident #2 stated he felt fine. He did not respond to any other questions or conversation.During an observation and interview on 05/28/2025 at 1:10 p.m., Resident #2 was sitting in his wheelchair in the hallway near nurses desk. He was not interacting with other residents. Resident #2 stated he was going to town. He did not respond to any other questions or conversation. During an interview on 05/28/2026 at 3:43 p.m., the Activity Director stated Resident #2 did not always do well in group activities. The Activity Director stated Resident #2 sometimes becomes easily agitated with certain residents. She stated she did not realize Resident #2 had in room activities on his care plan. The Activity Director reviewed the in-room list she provided the morning of 05/28/2026 and Resident #2's name was not on the in-room activity list. She stated Resident #2 should have been receiving in-room activities according to Resident #2's care plan. The Activity Director stated she attended care plans on a weekly basis, and she discussed the activities each resident preferred or needed. She stated Resident #2 could benefit from in-room activities due to his cognition and his behaviors. The Activity Director stated sometimes he could become disruptive in group activities and distracted other residents. She stated she did not have an excuse or know why she did not have any participation records for Resident #2 for the months of April 2026 and May 2026. She stated she was expected to document all residents' activities they participated in on the participation records. The Activity Director stated she would begin providing in-room activities with Resident #2. 3. Record review of (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #3's face sheet, dated 05/28/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with diagnoses of dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance (indicates that a person is not only experiencing memory decline but also drastic, unpredictable changes in their mood, personality, or actions), depression (a serious mood disorder that causes persistent feelings of sadness), and other lack of coordination (the inability to produce smooth, precise, and controlled physical movements).Record review of Resident #3's admission MDS Assessment, dated 2/16/2026, reflected Resident #3 had a BIMS score of 1 indicating his cognition was severely impaired. Resident #3 had physical and verbal behaviors. His activity preference very important to him was the following:Listening to music.Being around animals such as petsKeeping up with the news.Doing things with groups of people.Participating in favorite activities.Spending time outdoors.Participating in religious activities or practices.Record review of Resident #3's Quarterly MDS Assessment, dated 03/12/2026, reflected Resident #3 had a BIMS score of 1 indicating severely impaired cognition.Record review of Resident #3's Comprehensive Care Plan, revised on 03/19/2026, reflected (date initiated on 02/15/2026) Resident #3 had behaviors. He was at risk for further increased episodes and injury. Interventions: (date initiated 02/15/2026) Encourage to attend social activities of preferences. Resident #3 required to reside in the secure unit related to dementia (initiated on 02/15/2026). Interventions: Resident #3 needs activities that are meaningful and appropriate for the resident's cognitive (the mental processes involved in acquiring, processing, and understanding information), and physical abilities. Resident #3 needs a consistent daily routine and structure. Resident #3 had a potential for complications related to facility activity involvement as evidence by activities of Resident #3 choice/ preference (1:1). Resident #3 required in-room activities. Interventions: (initiated on 02/17/2026) Provide Resident #3 with in-room activities as needed. Post a month calendar in Resident #3's room.Record review of the facility's admission and discharge report, printed on 05/28/2026, reflected Resident #3 was discharged from the facility to a behavioral health center on 05/02/2026 and readmitted to the facility on [DATE].Record review of the Activity Participation records on 05/28/2026 reflected Resident #3 did not receive in room activities or attend group activities for the month of April 2026.Record review of the Activity Department's list of residents who needed in room (1:1) activities reflected Resident #3 was not on the list.During an observation and interview on 05/28/2026 at 9:00 a.m., Resident #3 was sitting in the hallway away from other residents. He was not interacting with other residents or staff. He stated he felt good today and stated he did like to talk to people by himself. He stated he did not like to be in a crowd. Resident #3 did not respond to any other questions or conversations.During an interview on 05/28/2026 at 3:43 p.m., the Activity Director stated Resident #3 was not on the in- room (1:1) activity list. She stated she forgot he was required to receive in room (1:1) activities. The Activity Director stated Resident #3 did have behaviors and he had a lot of guilt from his past actions when he was younger. She stated he frequently did not appropriately interact with other residents in group activities and outside of group activities. She stated he would make racial remarks and say inappropriate things to other residents. The Activity Director stated Resident #3 would do better if he received in-room activities (1:1) activities. She stated she did not know why he did not receive activities during the month of April 2026 and he was in the behavioral hospital during the majority of the month of May 2026. The Activity Director stated Resident #3 may become depressed, have more behaviors, and feel isolated if he did not receive some type of activities. She stated he needed a routine schedule. The Activity Director stated she attended care plans on a weekly basis, and she was the one who reported during care plans of what each resident activity preference or needs were for the next quarter. During an interview on 5/29/2026 at 2:50 p.m., the Administrator stated it was very important for the residents unable to come out of their room or unable to participate in group activities to receive activities in their room. He stated the Activity Director was over the activity department and he was her supervisor. He stated there was a possibility that a resident may become lonely, have behaviors, depression and have a decline in their quality of life if they were not receiving (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	some type of activities. He stated his expectation was every resident's activity participation to be documented on the participation records every day. The Administrator stated the Activity Director was expected to document what she did during in room (1:1) activity and the resident's response to the activity every time she visited a resident. He stated all group activities was expected to be documented after the group activity to reflect if the resident was active or passive during the group activity. He stated, I have plans to do a complete change in the activity programming in the facility especially on the secure unit. I want all staff to be involved in the activity plans of the residents on secure unit to ensure the residents are receiving the activities to promote their cognition, socialization or overall psychosocial needs.Record review of the Facility's Activities Policy, revised 05/2024, revealed, The Facility's activity program shall provide meaningful, person-centered activities to meet each resident's physical, mental, and psychosocial well-being, per their comprehensive care plan. Collaborate with the interdisciplinary team to develop an activities section in the care plan. Include goals and interventions tailored to the resident's interests, abilities, and care needs. Identify barriers to participation and adjust activities or approaches as needed. Ensure activities are adaptable for residents with physical or cognitive limitations. Record review of the facility's job description of the Activity Director, signed by Activity Director on 10/03/2024, revealed, In keeping with our organizations goals, this position is responsible for planning, implementing, and evaluating activities and programs for residents. The Activity Director designs programs to encourage socialization, entertainment, relaxation, and fulfillment, as well as improve daily living skills.Job Duties:Plan, create, and implement meaningful and engaging facility activities for the residents.Design programs to encourage socialization, entertainment, relaxation, and fulfillment, as well as improve daily living skills.Engage in one-on-one visits, care plan meetings, and assessments as needed.Keep accurate records of activities attendance and calendar.Ensure that responsibilities are performed consistent with all applicable federal, state, and local rules and regulations as well as facility policies and procedures.Record review of the facility's policy titled, Activity Documentation-General Guidelines, dated 05/26/2025, revealed, A qualified Activity professional will complete all required medical record documentation per state and federal regulations. The Activity Director shall coordinate and supervise all documentation and be responsible for all areas of documentation, according to required time limits and practice guidelines. The following areas are considered documentation responsibilities of the Activity Director and staff and should be completed in a comprehensive and timely manner .1. Interdisciplinary team will assess the need for activities and reflect on the resident care: Problems, Goals and Appropriate approaches to related problems.2. Progress Notes at least quarterly.3. Resident Participation records.General guideline when completing any of the above areas of required documentation include:1. Documentation is maintained in the residents' clinical medical records.2. Only approved medically related abbreviations are used.3. All entries in the medical record are to be signed (including the author's signature and title) and dated by a qualified Activity professional.4. All documentation is completed consistent with health care center policy and applicable state and federal laws.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as is possible for one of two housekeeping carts (Housekeeping Cart #1) reviewed for hazards.The facility failed to ensure Housekeeping Cart #1, with chemicals inside the compartments, was locked when unsupervised. This failure could place residents at risk for injuries, illness, and hospitalization. Findings included:During an observation on 05/28/2026 at 10:30 a.m., Housekeeping Cart #1 was located at the end of west hall. The compartment where chemicals were stored was not locked. The compartment had disinfectant cleaner, tub and tile cleaner, and bio waste degrader. Housekeeper A was not on west hall, and no other staff was near the unlocked housekeeping cart. Housekeeper A entered the west hall from near the nurses desk located beside the west hall. He was unable to view Housekeeping Cart #1.During an interview on 05/28/2026 at 10:40 a.m., Housekeeper A stated the housekeeping cart was expected to be locked anytime the housekeeper walked away from the cart. Housekeeper A stated he could not see Housekeeping Cart #1 from where he was standing near the nurses desk. He stated there was a possibility that if a resident drank some of the chemicals the resident may become sick with stomach issues or have an allergic reaction. He stated it was possible a resident may need to be evaluated at the hospital. Housekeeper A stated he was in-serviced to lock the chemicals in the housekeeping cart. He did not recall the date or the time of the in-service. During an interview on 05/28/2026 at 10:50 a.m., the Housekeeping Supervisor stated if a resident swallowed the chemical the nurse would not know what type of care to give the resident without knowing the name of the chemical. He stated all housekeeping carts were expected to be locked anytime the housekeeper was not standing in front of the cart. The Housekeeping Supervisor stated if a resident ingested some chemicals there was a potential for an allergic reaction, such as burning their throat, stomach and may need to be assessed at the hospital. He stated all housekeeping staff were in-serviced on locking housekeeping carts. He stated there was a possibility that if a resident spilled chemical on their skin it may cause irritation to the skin. During an interview on 5/29/2026 at 2:50 p.m., the Administrator stated he expected the housekeeping cart to be locked at all times when the housekeeper was not obtaining an item from the housekeeping cart. The Administrator stated all housekeeping staff was in-serviced on locking the housekeeping carts. The Administrator stated if a resident drank a chemical there was a possibility a resident may become ill with nausea and vomiting. He stated there was a possibility a resident may need to be transported to the emergency room for further evaluation. Record review of the facility's policy titled, Chemical Usage, not dated, reflected, Secure Chemical Storage: Each housekeeping cart is equipped with a lockbox for storing chemicals. Employees must ensure that all chemicals are securely stored in the lockbox and never leave their cart unattended, especially during breaks.