STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676019	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lampstand Nursing and Rehabilitation	2001 E 29th St 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47065 Based on interviews and record reviews, the facility failed to review and revise care plans for 1 (Resident #1) of 5 residents reviewed for care plan revision. The facility failed to complete a quarterly review and revision of Resident #1's care plan by 03/29/24. Resident #1's last care plan was reviewed, revised, and completed on 12/29/23. This failure could place residents at risk of not having their individual care needs met in a timely manner or a diminished quality of life. Findings included: Record review of Resident #1's admission record, dated 04/25/24, revealed he was a [AGE] year-old male who was admitted to the facility on [DATE], had an RP, and diagnoses including unspecified dementia (A group of thinking and social symptoms that interferes with daily functioning), unspecified recurrent major depressive disorder, unspecified mood [affective] disorder, cognitive communication deficit, unspecified chronic obstructive pulmonary disease (A group of lung diseases that block airflow and make it difficult to breathe), unspecified protein-calorie malnutrition, and unspecified blindness in one eye and low vision in other eye. Record review of Resident #1's MDS log revealed his last quarterly MDS assessment was completed on 01/29/24. Record review of Resident #1's quarterly MDS assessment, dated 01/29/24, revealed he had a BIMS score of 8, which indicated he had moderate cognitive impairment. Resident #1 also required set up or clean-up assistance with eating and oral hygiene, supervision or touching assistance with toileting and upper body dressing, partial/moderate assistance with showering/bathing, lower body dressing, putting on/taking off footwear and personal hygiene, and was independent with bed mobility and bed transfers. Record review of Resident #1's care plan log revealed his last care plan was reviewed, revised, and completed on 12/29/23. (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/25/24 at 3:31 p.m., MDS Coordinator A revealed residents' care plans were reviewed and revised whenever there was a care plan meeting, IDT team met, and as needed. MDS Coordinator A stated the facility had two MDS coordinators. MDS Coordinator A explained she completed care plans for Medicaid residents and the other MDS coordinator completed care plans for the skilled care residents. MDS Coordinator A stated the Regional Reimbursement Nurse checked on residents' care plans. MDS Coordinator A also stated her and the other MDS coordinator communicated with the Regional Reimbursement Nurse on a weekly basis. MDS Coordinator stated the DON reviewed residents' care plans. MDS Coordinator A stated she was responsible for checking on residents' care plans on a regular basis, which she indicated was every week. MDS Coordinator A also stated residents' health, safety, and well-being could be negatively affected if staff did not review and revise residents' care plans. MDS Coordinator A stated she did not know Resident #1's care plan had not been reviewed and revised since December 2023 and did not know why it had not been reviewed and revised. MDS Coordinator A also stated she missed Resident #1's care plan review and revision. During an interview on 04/25/24 at 3:50 p.m., MDS Coordinator B stated the facility had two MDS coordinators. MDS Coordinator B explained she focused on completing the skilled residents' care plans and the other MDS coordinator completed the other remaining residents' care plans. MDS Coordinator B stated residents' care plans were revised every quarter, whenever resident had significant change in condition, as needed or if there was a concern. MDS Coordinator B also stated corporate checked and oversaw her and the other MDS coordinator and reached out to them when something was not done. MDS Coordinator B stated she heard from corporate at least monthly. MDS Coordinator B also stated the DON oversaw here and the other MDS coordinator's work. MDS Coordinator B stated she did not know Resident #1's care plan had not been reviewed and revised since December 2023. MDS Coordinator B also stated Resident #1's care plan was missed because she was busy with completing the new admissions, the other MDS coordinator was completing most of the residents' care plans by herself, and she had not worked at the facility full-time until after 03/29/24. MDS Coordinator B explained she began working full-time at the facility after 03/29/24. MDS Coordinator B stated residents' health, safety, and well-being could be negatively affected if staff did not review and revise residents' care plans. During an interview on 04/25/24 at 4:05 p.m., DON revealed care plans were reviewed and revised every quarter, as needed, and annually. DON stated there were two MDS coordinators who worked at the facility. DON explained one MDS coordinator completed Medicaid residents' care plans and the other MDS coordinator completed Long Term Care residents' care plans. DON stated corporate oversaw the MDS coordinators' work. DON did not know how often corporate reviewed the MDS coordinators' work, but she knew corporate reviewed every month. DON also stated she expected care plans to be completed in a timely manner. DON stated residents' health, safety, and well-being could be negatively affected if staff did not review and revise residents' care plans. DON stated she did not know Resident #1's care plan had not been reviewed and revised since December 2023. DON explained Resident #1's care plan might have not been revised due to the facility's high admission rate. DON further explained the facility recently had an increase in new admissions. DON stated the facility had a staffing contingency plan in which corporate stepped in whenever there was a high admission rate to meet care plan deadlines. DON also stated she did not believe the facility was currently facing that a high admission rate to the extent in which corporate needed to step in to ensure residents' care plans met deadlines. DON stated corporate trained the MDS coordinators. DON did not know when corporate last in-serviced the MDS coordinators. Record review of the facility's Comprehensive Care Planning policy and procedure, undated, revealed the following, (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident's care plan will be reviewed after each Admission, Quarterly, Annual and/or Significant Change MDS assessment, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.