

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Lampstand Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957 Based on observations, interviews, and record reviews, the facility failed to ensure residents received services in the facility with reasonable accommodations of each resident's needs for 1 of 8 residents (Resident #1) reviewed for resident rights in that: The facility failed to ensure Resident #1's call light was within reach on 08/14/24. This failure could affect residents who needed assistance with activities of daily living and could result in needs not being met. Findings included: Record review of Resident #1's admission record dated 08/14/24 documented a 63year-old female admitted on [DATE]. Resident #1 had diagnoses which included: cerebral infarction (disrupted blood flow to the brain due to problems with the blood vessels that supply it) essential primary hypertension (abnormally high blood pressure that not caused by a medical condition), dysphagia (difficulty swallowing), and general anxiety disorder (mental health condition that causes people to feel constant, excessive, and unrealistic worry about everyday things). Record review of Resident #1's Quarterly MDS assessment, dated 06/05/24, revealed the resident had a BIMS score of 03 indicating the resident had severe cognitive impairment. The MDS also revealed Resident #1 was dependent in various areas of activities of daily living such as eating, oral hygiene, toileting hygiene, shower/bathe self, upper and lower dressing, and personal hygiene. Record review of Resident #1's care plan, dated 07/26/24, revealed Resident #1 was care planned for falls and had an intervention resident needs a safe environment with: (a working and reachable call light). No interview could be conducted with Resident #1 due to the resident not being interview able. Observation on 08/14/24 at 11:11am, revealed Resident #1's call light was underneath her bed and out of her reach. Observation on 08/14/24 at 1:23pm, revealed Resident #1's call light was underneath her bed and out of her reach. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676019	Facility ID: 676019 If continuation sheet Page 1 of 2

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with CNA A on 08/14/24 at 1:45pm, CNA A stated the call lights should always be in reach so a resident can call for assistance. CNA A stated that if a call light was not in reach, then the resident might fall trying to get assistance. CNA A stated that when making rounds CNAs were supposed to see if a resident need assistance, ensure the resident was comfortable, and to make sure the call lights were in reach. An interview with the DON on 08/14/24 at 3:30pm, the DON stated the purpose of call light was for resident to notify staff if they needed assistance. The DON stated that if a resident's call light was not in reach, then a resident wouldn't get assistance. The DON stated that CNAs should be making sure call lights were in place during their rounds. The DON stated that Resident #1 was physically able to use a call light. An interview with the ADM on 08/14/24 at 4:10pm, the ADM stated that rounds should be conducted at least every two hours or as needed. The ADM stated his expectation was that everyone that enters a resident's room should be ensuring that resident was comfortable, checking if they needed as assistance, and that the call light was within reach. The ADM stated that facility does not have a call light policy.		