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	06/24/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is a significant change in the resident's physical status for one (Resident #1) of seven residents reviewed for resident rights. The facility failed to ensure ADON A notified the resident's responsible party/medical power of attorney within a reasonable time when Resident #1 fell out of bed on 06/12/2026. This failure could place residents at risk of not having their responsible party/medical power of attorney notified of changes, which could result in a delay in timely intervention and a decline in condition. Findings included: Record review of Resident #1's Face Sheet dated 06/23/2026 reflected a [AGE] year-old female with an admission date of 06/04/2026. Her diagnoses included unspecified fracture of right femur (break in thigh bone), anemia in chronic kidney disease (kidneys are damaged and cannot filter blood), and cognitive communication deficit (attention, memory, and reasoning declines making it hard to organize thoughts). Record review of Resident #1's MDS dated [DATE] indicated Resident #1 had a BIMS of 14, indicating cognitively intact. Record review of Resident #1's care plan initiated on 06/05/26 reflected that the resident was at risk of falls with interventions that included, keep needed items within reach and Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes. Record review of Resident #1's Nurse Progress note dated 06/12/26 at 5:26 AM by ADON A, reflected Resident observed calling for help. Upon entering room, resident was on floor wrapped in her blankets. When asked how she ended up on the floor, resident stated, I was trying to get up and rolled off the bed. Record review of Resident #1's fall notification dated 6/12/2026, completed by ADON A in the electronic health record reflected the DON and physician were notified on 6/12/2026 at 5:24 am. and the resident's responsible party/medical power of attorney was notified on 06/12/2026at 18:00 (6:00 PM).Record Review of the facility's accident/incident reported dated 6/23/2026 reflected Resident #1 had a fall at 4:00 AM on 6/12/2026. In an interview conducted on 06/23/2026 at 10:28 AM with Resident #1's responsible party/medical power of attorney, who stated the resident fell on 6/11/2026 at 4:00 AM and the facility staff did not notify her of the fall until 24 hours later on 06/12/2026 at 6:00 PM. It was stated to the responsible party that the record showed Resident #1's fall was on 06/12/2026 instead of 06/11/2026. She stated the facility should communicate in a more appropriate time frame. In an interview with ADON A conducted on 06/24/2026 at 12:03 p.m., she stated he had been employed at the facility for five years. She stated the facility's fall protocol requires staff to assess the resident for injuries, notify the physician, the resident's family or responsible party, and the DON. She further stated the administrator is notified if the resident sustains an injury. ADON A stated the resident's family or responsible party should be notified immediately following a fall. ADON A stated she was unable to notify the resident's responsible party because she was unable to leave a voicemail message. She stated that, because she was leaving work, she asked the oncoming nurse, RN B, to notify the responsible party. ADON A was advised that her nursing documentation in the resident's (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	electronic medical record indicated she was the one who had notified the responsible party 06/12/2026 at 6:00 p.m . ADON A did not have a response. ADON A stated she does not know of any potential harm that could happen to the resident but stated, it is important for the resident's family or responsible party to be notified promptly so they are aware of what is occurring with their loved one at all times. In an interview with RN B conducted on 06/24/2026 at 12:23 p.m., she stated she had been employed at the facility for five months. RN B stated she did not recall being asked to notify anyone regarding Resident #1's fall that occurred on June 12, 2026 . She stated that following a resident fall, proper notifications should be made immediately to the nurse practitioner, the DON, and the resident's family or responsible party. RN B further stated the resident would be assessed first following the fall and that all appropriate individuals should be promptly notified and made aware of the resident's condition. In an interview conducted with the DON on 06/24/2026 at 12:41 PM, she stated she has been with the facility for 6 years. She stated the nursing staff was to complete a fall risk assessment after every fall. The DON stated there is not a specific time frame, but the nurse practitioner, physician, and resident's responsible party should be notified once the resident is stable, not hours later. The DON stated her expectation is for the staff to notify all parties immediately. Record review of the facility's policy titled, Fall Policy undated reflected: Fall PolicyPreventing falls requires an interdisciplinary program that focuses on modifying the extrinsic factors, correcting intrinsic factors, and educating the resident and family. A Fall Risk Assessment will be completed on admission and after each fall. The MDS 3.0 will also assist in determining a resident who is a fall risk. 13. In instances where fall risk measures do not prevent a fall, the resident will be assessed immediately for injury. Vital signs and first aid measures will be completed immediately. The Charge Nurse will notify the attending physician and family member as soon as possible after the resident has been stabilized .