

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Brenham		STREET ADDRESS, CITY, STATE, ZIP CODE 1303 Hwy 290 E Brenham, TX 77833	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49855</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident had a right to personal privacy and confidentiality of residents' personal and medical information for two residents (Resident #1 and Resident #2) out of four residents reviewed.</p> <p>Resident #1's credit card information was left unprotected in the conference room by staff while taking pictures during the facility celebration for CNA week and subsequently posted on Facebook.</p> <p>Resident #2's medical information was left unprotected on the whiteboard in the conference room by staff while taking pictures during the facility celebration for CNA week and subsequently posted on Facebook.</p> <p>This failure affected two residents and could place these and other residents at a risk for a loss of privacy and personal information being exposed to unauthorized individuals.</p> <p>Findings included:</p> <p>Record review of resident #1's face sheet reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of down syndrome, muscle wasting, lack of coordination, heart attack, and acute kidney failure.</p> <p>Record review of the annual minimum data set (MDS) assessment for resident #1 dated 06/12/24 reflected a brief interview for mental status (BIMS) score of 3 indicating severe cognitive function. His physical assessment for functional abilities and goals reflected he required supervision for eating and hygiene, moderate to maximum assistance for other ADLs, always continent of bladder, and occasionally incontinent of bowel.</p> <p>Record review of the care plan for resident #1 dated 04/04/24 reflected he had impaired cognitive function or impaired thought process related to impaired decision-making abilities and was not always understood. Resident had an ADL self-care performance for down syndrome, impaired balance, limited mobility, and musculoskeletal impairment.</p> <p>Record review of resident #2's face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] with diagnoses of high cholesterol, high blood pressure, underactive thyroid, irregular heart rhythm, muscle wasting, lack of coordination, and a history of a heart attack.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676355
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the quarterly minimum data set (MDS) assessment for resident #2 dated 06/11/24 reflected a brief interview for mental status (BIMS) score of 11 indicating moderate cognitive function. Her physical assessment for functional abilities and goals reflected she required supervision for eating, maximum assistance for other ADLs, and frequently incontinent of bowel and bladder.</p> <p>Record review of the care plan for resident #2 dated 04/1/2024 reflected a cognitive loss related to a history of a stroke and required assistance with decision making. The care plan also reflected an ADL self-care performance deficit related to disease processes.</p> <p>Review of facility's Facebook page revealed a picture posted on June 14, 2024, of staff in the conference room that showed resident #2's medical information on the conference room whiteboard in the background of the picture. Review of facility's Facebook page revealed a picture posted on June 14, 2024, of staff in the conference room and resident #1's credit card information written on a sheet of paper in sight.</p> <p>Observation on 07/01/24 of the whiteboard in facility conference room at 9:56am and 10:31am, revealed resident information such as orders for 6 residents, doctor appointments for 4 residents, a dentist visit for one resident, and a scheduled procedure for 1 resident.</p> <p>Observation of the facility on 07/01/24 at 09:50am, 11:00am, and 12:45pm revealed no resident information in common areas of facility. Medication carts were observed locked. Facility computers were observed closed or locked to where no one could access resident information. No resident information was observed out in the open for others to see on medication carts or at nurse's stations.</p> <p>In an interview on 07/01/2024 at 1:15pm CNA A stated she protected resident health information by not discussing it with others unless the nurse says it's okay, logs out of a computer after charting, doesn't share passwords, and never posts resident information because it's against HIPPA. CNA A stated if she doesn't know something she asks.</p> <p>In an interview on 07/01/24 at 1:20pm RN B stated he protected resident health information by not giving it out unless authorized and logs out of the computer when stepping away.</p> <p>In an interview on 07/01/24 at 1:45pm the ADON stated the conference room was not used very often and the whiteboard was for the nurses to communicate, and they erase it when they were done. The ADON stated the day they had pizza for CNA week it was a last-minute decision to use the conference room for the celebration. The ADON stated they protected resident privacy by closing and locking computers and staff were trained on HIPPA. The ADON stated only human resources and the executive director would have access to that type of information when asked about the resident's credit card information in the picture posted online on June 14, 2024.</p> <p>In an interview on 07/01/24 at 1:55pm the ADM stated they protected resident health information by keeping it within closed doors of the conference room and shredding documents. The ADM stated the credit card seen in the picture wasn't a valid credit card number. The ADM stated she will in-service staff on once you use a document containing resident health information to shred it. The ADM stated if a resident's health information was revealed it could be used by someone else, theft could happen, and false charges could occur.</p> <p>Record review of grievances revealed no grievances for privacy concerns.</p> <p>(continued on next page)</p>		

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