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| 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 04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER Brenham Healthcare Center | | 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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interviews and record reviews, the facility failed to designate a registered nurse to serve as the director of nursing on a full-time basis for 1 of 1 facility reviewed for full-time DON. The facility failed to ensure there was a full-time (worked 40 or more hours a week) DON for 3 of 3 (April 15th through April 30th, 2026) weeks reviewed. This failure could affect all residents in the facility by leaving residents and staff without supervisory coverage for interventions, nursing care and services. Findings included: Record review of the clock-in/clock reports for April 13, 2026 to April 30, 2026, revealed no evidence of designated DON coverage for: week 04/12/2026-04/18/2026, week 04/19/2026-04/25/2026, and week 04/26/2026-04/30/2026. An observation conducted on 4/30/2026 at 10:30 a.m., revealed a facility staffing schedule posted at the front entrance displaying the 12-hour shifts for nursing staff. No RN was listed on the schedule for 04/30/2026. In an interview conducted with RN A on 04/30/2026 at 4:20 PM revealed RN A was asked if she was the designated DON for the facility. RN A stated she has been assisting the facility due to the absence of a DON; however, she was not the designated DON. When informed she was identified as the interim DON on the administrative staff roster, RN A stated the Administrator was not properly identifying her role. She stated she provided support to the facility but did not consider herself the DON, as the position carried greater responsibility. RN A stated she had been working both remotely and on-site to assist the facility since the last DON passed away. She further stated she routinely worked full weekends at the facility providing RN coverage, but not in the capacity of as the DON. She stated she worked 40 hours a week for the facility for the last few weeks, she stated she had been paid by agency staffing services. RN A stated she was going to speak with the Administrator to straighten out the role she was carrying out. RN A stated every facility should have a fulltime DON. In an interview conducted with the Owner on 4/30/2026 at 4:44 PM revealed the Owner was asked for clarification, did he have a designated DON on staff for the facility. The Owner stated the facility had an interim DON. The Owner was informed that RN A reported she was not the designated DON and was only assisting the facility. The Owner stated he was under the impression based on information from the Administrator that the RN A was serving as the interim DON and acting in that role. The Owner further stated the facility had been providing eight hours of RN coverage. When asked what the potential harm was of not having a full-time DON, the Owner stated it was difficult to determine due to the wide range of responsibilities; however, he acknowledged that something could fall through the cracks. In an interview conducted with RN B, on 4/30/2026 at 5:05 PM revealed RN B stated the facility was supposed to have DON coverage. She stated the DON was an RN in which she herself had been assisting with RN coverage in the absence of a DON. She stated she couldn't think of any potential harm as they had RN coverage. In an interview conducted with the Administrator, on 4/30/2026 at 5:45 PM revealed the Administrator stated she just realized she should not classify RN A as the Interim DON. The Administrator stated RN A was not actually the designated DON but she had helped their facility out for coverage. She stated they had two RNs helping, 8 hours daily but neither was designated as DON. The Administrator stated it has been difficult to hire a fulltime DON following the death of the previous DON at the end of February. The Administrator stated the facility had posted the (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>position on different sites. The Administrator stated the potential harm from not having a DON could lead to incomplete assessments for residents. Record Review of facility's Director of Nursing Job description undated, reflected: Position Summary The primary purpose of this position is to plan, organize, develop, and direct the overall operation of the Clinical Services Department in accordance with current federal, state, and local standards. The Director of Nursing will work collaboratively with the administrative team to establish an effective and efficient work environment that promotes excellent quality of care, staff empowerment, and educational development. Qualifications Current and valid Registered Nurse (RN) license in the State of Texas Bachelor's Degree preferred Prior nurse management experience in long-term care/skilled nursing preferred Strong knowledge of state and federal nursing home regulations Strong leadership, communication, and organizational skills Essential Functions Develop and oversee staffing schedules for the nursing department Plan, conduct, and schedule in-service training and staff education programs as needed Review, approve, and validate payroll for the clinical department prior to submission Develop and implement resident care plans in coordination with physicians, the Medical Director, nursing staff, and outside consultants Assess and monitor the quality of care provided to residents Assist in developing policies and procedures that govern nursing services Oversee staff performance, recruitment, retention, and professional development to achieve positive resident outcomes Collaborate with other departments and outside agencies to coordinate resources and services for improved resident care Plan, develop, and implement staffing processes and budget management for clinical services Evaluate the quality and cost-effectiveness of staffing and nursing services Serve as the facility representative for nursing matters with professional organizations and regulatory agencies Participate in facility meetings, committees, and quality assurance activities Promote positive public relations with residents, family members, guests, and staff Communicate professionally and effectively in sensitive or emotional situations Ensure compliance with all regulatory requirements and facility standards.</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on observations, interviews and record review the facility failed to employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required for 1 of 1 kitchen reviewed. The facility failed to employ a qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified nutrition professional last employed with the facility was in December 2025. The facility failed to ensure Dietary Aide C met the requirements for food handling by maintaining a valid Food Handler's Certificate. The facility failed to ensure the Owner met the requirements for food handling by obtaining a current and valid Food Handler's Certificate before preparing and serving meals out of the facility kitchen. These failures could place residents at risk of not having their nutritional needs met and foodborne illnesses. Findings included: Observation conducted on 04/30/2026 at 11:40 revealed the Owner was preparing meals in the facility kitchen. Observation conducted on 04/30/2026 at 11:56 AM, of the facility's kitchen bulletin board of dietary food handler certificates revealed that Dietary Aide C's food handler certificate expired on January 30, 2026. Interview conducted with Dietary Aide C on 04/30/2026, at 12:20 PM revealed Dietary Aide C stated that it is the only food handlers certificate he had. He stated he didn't know he needed another one. He stated he just recently returned to work at the facility. He stated he had been out due to medical issues. Dietary Aide C stated he will have to get with his boss and get a new one. He stated he mostly only washed the dishes but helped out with setting up the drinks and desserts on the trays. Interview conducted with the Owner on 4/30/2026, at 12:25 PM, he stated he did not have a food handlers' certificate, but he is a licensed nursing administrator. The Owner stated he had a dietary manager who had not officially quit her job, but she has not shown up to work for four days. He stated he could not let the residents starve. Interview with the Administrator on 4/30/2025 at 1:22 PM, she stated the facility did not have an active dietitian. She stated the last consult completed was on 12/17/2025. She stated they had reached out to the Dietician, and they would have a consultation visit on 5/06/2026. Additional interview conducted with the Owner on 4/30/2026 at 4:44 PM revealed the Owner stated that at the time of interview, the facility did not have a dietary manager; however, he acknowledged the importance of having a qualified individual in that role. The Owner reported he was able to contact the previous Dietary Manager, who holds the required credentials, and stated she would be returning to assist the facility. The Owner stated it is important for dietary staff to be qualified and to maintain current certifications. He reported that residents were provided three meals per day. He reported that facility policy requires dietary staff to maintain food handler certifications and that the Dietary Manager is expected to hold appropriate certification as well. When asked about potential effects, the Owner stated that residents may not receive their proper nutritional needs. Interview conducted with RN B on 04/30/2026 at 5:05 PM revealed she stated it is important that kitchen staff have the proper training so they are able to properly prepare the correct diets for the residents. RN B stated it is important that kitchen staff understand the different therapeutic diets. RN B stated it could be harmful to the residents' health if they received food items they should not have received. Additional Interview conducted with the Administrator on 4/30/2026 at 5:55 PM revealed the Administrator stated that the facility has not had a Dietitian since December 2025 due to financial constraints, which she reported is outside her control. She stated Dietary Aide C's certificate expiration was just noted this day. She acknowledged the importance of having qualified staff in the kitchen. When asked about potential effects, the Administrator stated that without qualified dietary oversight, residents may not receive proper nutrition, which could lead to weight loss. Review of facility's policy titled Food Handler Hygiene and Safety Policy dated 1/1/2025 reflected Policy 1. Food (continued on next page)</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Handler Certification All dietary employees handling food must obtain a valid Texas Food Handler Certificate within the timeframe required by Texas law and facility policy. Food Handler Certificates must be submitted to the Dietary Manager and maintained in the employee personnel file. Dietary leadership (Dietary Manager or [NAME] Supervisor) must maintain required Food Manager Certification if applicable. Review of facility's Dietary Manager description, undated reflected: Current and valid Food Service Manager's Certificate (must obtain Certified Dietary Manager credential within designated timeframe upon hire) Communicate recommendations to the Dietitian, Administrator, and leadership team regarding departmental operations. On 04/30/2026 at 3:30 PM, policy for Dietitian coverage requested from the Administrator, no policy received upon exit.</p> |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations, interviews and record review, the facility failed to ensure that meals served followed the planned menu for residents for 1 meal (lunch)of 1 observed for accuracy. The facility failed to follow the planned menu for lunch on 4/30/2026. This failure could place residents at risk of weight loss, not having their nutritional needs met, and a decreased quality of life.Findings included: During record review of a facility menu dated 04/30/2026, week 3 at a glance indicated the lunch meal menu for the day was BBQ chicken, pasta salad, stewed tomatoes, cornbread with margarine, summer fruit cup, and beverage.Observation of the lunch meal revealed, baked chicken, corn, mashed potatoes, a cookie, and beverages. Interview conducted with the Owner on 04/30/2026, at 4:54 PM revealed that when asked about not following the planned menu for the day, he stated the cook was allowed to make food substitutions with like food items. The Owner acknowledged that a dietitian should approve substitution meals. Interview conducted with the Administrator on 04/30/2026, at 5:55PM, stated the meal changing was the Owner's decision due to not having kitchen help. The Administrator stated the potential risk to the residents could be weight loss if the meals do not share equal nutrients.Record review of facility's policy Alternative and Substitute Menu Policy dated 1/1/2025 reflected: PurposeTo ensure all residents are offered nutritionally adequate meals while honoring resident preferences, choices, cultural considerations, and individual dietary needs through the availability of alternative and substitute menu options in compliance with Texas nursing facility regulations.Policy StatementThe facility shall provide planned menus that meet residents' nutritional needs and physician-ordered diets. When a resident refuses the planned meal, requests an alternative, or when a planned menu item is unavailable, the facility shall provide a nutritionally comparable substitute meal.Residents maintain the right to make personal dietary choices, and the facility will make reasonable accommodation whenever possible.Policy Guidelines1. Planned Menua. Menus shall be prepared at least one week in advance.b. Menus shall be reviewed and approved by the facility's qualified dietitian.All substitutions must be documented on the day of occurrence.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record reviews, the facility failed to safely store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen. The facility failed to ensure that dietary staff wore hair restraints on 4/30/2026. This failure could place residents who received meals from the kitchen at risk of foodborne illnesses. Findings include: Observation during lunch on 4/29/2026 beginning at 11:35 AM, revealed Dietary Aide C preparing lunch trays without a mustache/beard restraint. Dietary Aide C was observed with a mustache extended beyond the upper lip area. Interview conducted with Dietary Aide C on 04/30/2026, at 11:47 AM. Dietary Aide C stated he has worked at the facility for 1 1/2 years. He stated he has never worn a beard/mustache restraint. He stated he was not told about one. Dietary Aide C stated if hair fell into a resident's meal, it could cause them to choke. Interview conducted with the Owner on 04/30/2026, at 4:54 PM revealed the Owner stated that the dietary manager trains the dietary staff. He stated that anyone who enters the kitchen area must always wear hairnets and beard nets if they have a beard. He stated that failure to properly wear beard or hair restraints could result in hair falling into food, which could lead to contamination. Interview conducted with RN B on 04/30/2026, at 5:05 PM. She stated, All dietary staff should wear hairnets and facial masks. RN B stated not wearing the correct hair nets could be harmful to the residents' health. Interview conducted with the Administrator on 04/30/2026, at 5:55 PM revealed Administrator stated that kitchen staff were required to wear hairnets and beard nets in the kitchen and food preparation areas always. She stated her expectation is that dietary staff follow facility policies. She stated that failure to follow the protocols could result in cross-contamination which could cause an infection in residents. Record review of facility's policy Hair Restraint and Hair Net Compliance, dated 1/01/2025, reflected . Policy Statement To promote food safety, sanitation, and infection control, all dietary staff, kitchen personnel, and any individuals entering food preparation or service areas must wear appropriate hair restraints to prevent hair contamination of food, clean equipment, and food-contact surfaces. Policy 1. All dietary staff involved in food preparation, plating, serving, dishwashing, or handling clean utensils/equipment must wear a hair net, cap, or other approved hair restraint at all times while in food preparation or service areas. 2. Hair restraints must fully contain scalp hair, including loose strands, bangs, and ponytails. 3. Employees with facial hair (beards, mustaches, goatees) must wear beard guards when working in food preparation or service areas. 4. Hair nets and beard guards must be clean and changed as needed or when soiled.</p> | | |