

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 08/29/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32452</p> <p>Based on interview and record review, the facility failed to ensure that all allegations involving abuse, neglect, and misappropriation of resident property were reported immediately, but no later than 24 hours after the allegation is made to the State Survey Agency for one of one facility reviewed for neglect.</p> <p>The facility failed to report within 24 hours to the State Survey Agency (HHSC - Health and Human Services Commission) that the facility experienced a gas leak on 08/22/2024 that resulted in the need to evacuate all residents from the facility.</p> <p>This failure could place residents at risk for further neglect and injury.</p> <p>Findings included:</p> <p>Review of Fire Department Report dated 08/22/2024 reflected Gas Leak (natural gas) at 6:19 PM strong gas smell coming out of kitchen . 6:21 PM advised to evacuate the building . 6:21 PM calling gas 6:32 PM code 1 medics to stage for carbon monoxide leak .6:33 PM evacuating .6:45 PM currently venting the property and evacuating residents, turned off the gas, gas department on scene, will reoccupy the building once we get a lower reading, gas left off per gas department .</p> <p>Review of the facility work order form dated 08/23/2024 reflected Repaired Gas leak in kitchen, turned off all appliances, performed pressure test, purchased city permit. Waited for city inspections, and city to turn gas back on, and turned all appliances back on.</p> <p>In an interview on 08/28/2024 at 11:53 AM the Administrator stated she did not report the gas leak to the state because the corporate office did not tell her it was a reportable incident. The Administrator stated the gas leak was in the kitchen and all residents were evacuated. She stated the fire department checked out the situation and the residents were only outside for about 30 minutes. The Administrator stated the situation could have been bad, but no residents became ill.</p> <p>In an interview on 08/28/2024 at 12:22 PM the Maintenance Director stated he was called during the gas leak. He stated the fire department went in the kitchen and stated the kitchen was the origin of the leak. The Maintenance Director stated the facility called in a plumber and a pressure test was done the next day and they found the leak and repaired it. He stated the fire department cleared the facility for re-entry before they let the residents back in.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's residents' medical records reflected entries into to each resident chart dated 08/22/2024 Resident evacuated by EMS, cleared to return to room, no adverse effects or change in condition .MD notified .</p> <p>Review of the facility's policy Abuse dated 02/01/2017 reflected The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property .The law requires the abuse coordinator/designee, or employee of the facility who believe that the physical or mental health or welfare of a resident has been or may be adversely affected by abuse, neglect or exploitation caused by another person to report the abuse, neglect or exploitation. Upon notification of an allegation of physical or mental abuse, neglect or involuntary seclusion, the facility will conduct interviews that include documented statement summaries from the alleged perpetrator, the alleged victim, family members, visitors who may have made observations, roommate, and any staff who worked prior to and during the time of the incident. Interviews may include employees of various departments and shifts. A thorough physical assessment will be conducted on residents involved in allegations of abuse or neglect. The clinical record should be reviewed for any additional information or events leading to the incident. Investigations will focus on determining if the abuse occurred, the extent of the abuse, and potential cause(s).</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452</p> <p>Based on interview and record review, the facility failed to ensure all Pre-Admission Screening and Resident Review (PASARR) Level I screenings were completed correctly and residents with a mental illness were provided with a PASARR Level II assessment for one (Resident #35) of two residents reviewed for PASARR assessments.</p> <p>Resident #35's PASARR Level I did not indicate a diagnosis of mental illness, or IDD although diagnoses were present upon admission.</p> <p>These failures could place all residents who had a mental illness or intellectual or developmental disability at risk for not receiving needed assessment, care, and services to meet their needs.</p> <p>Findings included:</p> <p>Review of Resident #35's Face sheet dated 08/28/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with the diagnoses of bipolar disorder (A serious mental illness characterized by extreme mood swings. They can include extreme excitement episodes or extreme depressive feelings.), Epilepsy (A neurological disorder that causes seizures or unusual sensations and behaviors.), and personal history of traumatic brain injury.</p> <p>Review of Resident #35's Quarterly MDS assessment dated [DATE] reflected he was assessed to have a BIMS score of 15 indicating the Resident cognitively intact. Resident #35 was assessed to have a seizure disorder, depression, and bipolar disorder.</p> <p>Review of Resident #35's Comprehensive Care Plan reflected an entry dated 02/09/2023: Resident is on antipsychotic medication related to bipolar disorder. Further review reflected an entry dated 02/09/2023: The Resident has impaired cognitive function and impaired thought processes. Resident decisions are poor, requires, reminders, cues, supervision in planning, organizing .</p> <p>Review of Resident #35's PASRR Level one dated 02/08/2024 reflected Resident #35 was assessed to not have evidence or an indicator that the resident had a mental illness or IDD.</p> <p>In an interview on 08/28/2024 at 3:07 PM the Regional MDS coordinator stated Resident #35 should have had a positive level one since he had diagnoses of bipolar disorder with MI, and he should have also been positive of IDD related to his epilepsy. The RMDS coordinator stated the PASRR for Resident #35 was done before her time as RMD coordinator. She stated the facility should have checked the PASRR on admission to ensure it was correct then either have the transferring facility fix the PASRR or complete another one. She stated she would submit a new PASRR for Resident #35.</p> <p>Review of Resident #35's PASRR dated 08/28/2024 reflected he was assessed to have evidence of mental illness and intellectual disability.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/29/2024 at 12:20 PM the Administrator stated she expected the residents' PASRRs to be correct and checked on admission. She stated she was not sure how they missed it, but it should have definitely been done and correct to ensure Resident #35 was receiving the services he needs.</p> <p>Review of the facility's policy titled Resident Assessment PASRR dated 11/2023 reflected The purpose of this policy is to ensure PASRRs are being obtained and completed timely and accurately . PASRRs are obtained from referring entity by the admissions department. PL1s are put in to Simple LTC by the facility within 72hours of resident admitting to facility. The completed PL1 must also be uploaded into the resident's EMR .</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>32452</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation.</p> <p>The facility failed to ensure the DM wore a hair net that restrained all of her hair while preparing lunch on 08/27/2024 and the DA wore a beard net while preparing trays during lunch on 08/27/2024.</p> <p>These failures could place residents who were served from the kitchen at risk for health complications, foodborne illness, and decreased quality of life.</p> <p>Findings included:</p> <p>Observation on 08/27/2024 at 9:10 AM the initial tour of the kitchen revealed the DM with a hair net on that did not restrain all of her hair. She had hair loose at her face and neck when she was preparing food for lunch. Further observation of the kitchen during initial tour revealed the DA putting up groceries in the walk-in refrigerator and freezer. He a had a beard and mustache. The DA was observed to not have on a beard restraint.</p> <p>Observation on 08/27/2024 at 11:10 AM revealed the DM assisting the cook with dishes and preparing the pureed meals for lunch. The DM's hair was not fully restrained in her hair net. Further observation revealed the DA preparing the desserts for lunch. He was not wearing a beard restraint.</p> <p>In an interview on 08/27/2024 at 11:23 AM the DA stated no one ever told him he needed to wear a hair net for his beard. The DA then stated the facility was going to order some and said they did not have any beard nets right now.</p> <p>In an observation and interview on 08/27/2024 at 11:25 AM the DM stated if staff had beards or mustaches they should wear a beard restraint. She stated she was going to order some. The DM stated all her hair should be under the hair net. The DM then put her hair in a pony tail and placed all her hair under the hair net. The DM stated all staff should use hair nets to ensure hair does not fall into the resident's food.</p> <p>In an interview on 08/29/2024 at 12:20 PM the Administrator stated she expected staff to wear hair nets and beard nets at all times while preparing food to prevent contamination of the resident's food and also if a resident finds a hair in their food they might not want to eat out of the kitchen anymore.</p> <p>(continued on next page)</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>Review of the facility's policy titled Sanitation: Personal Hygiene dated 10/2023 reflected Food and Nutrition Services staff will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. 1. All staff who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Staff will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents . 2. Nutrition Services personnel must meet acceptable standards of personal hygiene, appearance, and behavior: c. Hair clean and worn in a manner that it can be completely covered by hair restraint. Hair nets or other hair restraint to be worn by employees at all times in the kitchen. Facial hair must be covered with a facial hair restraint .</p>

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32452</p> <p>Based on observation, interview, and record review the facility failed to ensure each room was designed or equipped to assure full visual privacy for each resident for 1 of 1 resident reviewed for privacy in the facility and 17 (Rooms 100-117) of 17 dual occupancy rooms reviewed for privacy in the facility.</p> <p>The facility failed to ensure that dual occupancy rooms were provided with ceiling suspended curtains, which extended around the bed, to provide total visual privacy. The facility further failed to ensure that a privacy curtain was placed in Resident #16's room to ensure his privacy if the door to the hall was opened and did not have a curtain at the foot of the bed to allow for total visual privacy between him and his roommate.</p> <p>This failure could lead to a lack of privacy for residents, allow residents' private medical treatment to be observed by roommates or others, and lead to a decline in psychosocial well-being.</p> <p>Findings included:</p> <p>Observation on 08/27/2024 at 9:30 AM revealed all 100 Hall rooms 100-117A had dual occupancy with an A and B bed in each. The rooms had a single ceiling to floor curtain that divided the center of the room but stopped approximately four feet from the opposite wall. The rooms did not have a second connecting curtain or partition that would allow for bed A or B to have total visual privacy or a curtain that protected the A bed from exposure if the hallway door was opened.</p> <p>Review of Resident #16's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses: Nontraumatic intracerebral hemorrhage (bleeding within the skull.), and Type 2 Diabetes Mellitus (A condition which results from insufficient production of insulin, causing high blood sugar.) with hyperglycemia (high blood sugar).</p> <p>Review of Resident #16's Quarterly MDS assessment dated [DATE] reflected Resident #16 was assessed with a BIMS score of 15 indicating he was cognitively intact. Resident #16 was further assessed to require substantial to maximal assistance with ADLs.</p> <p>Observation on 08/28/2024 at 9:37 AM revealed Resident #16 in room in bed to receive care. Resident #16's roommate was in the room. The DON entered the room to provide care, pushing the door to the hall partly closed after she entered the room, but it remained cracked. Further observation revealed no privacy curtain installed in room on the side of his bed by the door. Further observation revealed a single ceiling to floor curtain that divided the center of the room but stopped approximately four feet from the opposite wall. There was no curtain at the end of Resident #16's bed. Staff continued to provide care and the hall door continued to slowly open exposing Resident #16 to passersby.</p> <p>In an interview on 08/28/2024 at 9:40 AM the DON stated sometimes the residents' doors do not close all the way. The DON stated the staff are supposed to knock on the doors before entering.</p> <p>(continued on next page)</p>		

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/29/2024 at 10:08 AM Resident #16 expressed concerns regarding the lack of a privacy screen during care procedures, particularly when care is performed on his backside (buttocks). He mentioned that if the door to the room is opened, he feels exposed to the public. Resident #16 suggested that the privacy curtain, currently attached to the left side of his bedside, should extend around to create a fully enclosed area. He believes this modification would offer him better privacy and prevent exposure during care.</p> <p>In an interview on 08/29/2024 at 12:19 PM the Administrator stated she the thinks the curtains should be across the door to ensure privacy for the residents. She stated that it could potentially cause the residents to be exposed causing a dignity issue, or embarrassment for the resident. She further stated the doors should always be closed during care.</p> <p>Requested the facility policy for privacy and resident rights on 08/29/2024 at 12:19 PM. The policies were not provided prior to exit.</p>