

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Brightpointe at Lytle Lake		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Clarks Dr Abilene, TX 79602	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview, and record review the facility failed to properly execute the grievance process including review in morning meeting with IDT members, coordinating and developing a plan for resolution, notify complainant about resolution and document all action taken in grievance form and disposition of the grievance will be provided in writing to Executive Director or Designee for 1 out of 5 resident (Resident # 1) review for grievances. The facility failed to investigate Resident #1's grievance of an incident with CNA A yelling and being rude to Resident #1. The facility failed to document all actions taken for the resolution of grievance to include Administrator's investigation. This failure could place residents in the facility at risk for grievances to go unresolved. Record review of Resident #1's detailed summary report/face sheet dated 1.12.26 indicated he was admitted to facility on 4.10.19 with diagnoses of hypertension (high blood pressure, is a common condition where the force of blood against artery walls is consistently too high), reduced mobility, and lack of coordination. Resident # 1's BIMS score was 15, indicating no cognitive impairment. Record review of Facility grievance tracking log dated 11.2025 indicated 11.7.25 reported date of Resident #1's concerns of an incident with CNA A, department nursing. Record review of Facility grievance binder dated 11.2025 had no grievance documentation completed for the incident between Resident #1 and CNA A on 1.7.25. During an interview on 1.9.26 at 3:45 pm Resident #1 stated that she did have an incident a couple months back with CNA A. She stated she cannot remember the exact date, but she turned on her call light for some help and CNA A came into her room and started yelling at her to stop using her call light, she stated that's why all the nurses don't like to help you because you use your call light too much. She stated she exchanged some words with CNA A and finally CNA A left the room. She stated she let SW B know about what happened and her concerns. She stated she never heard anything after that. She stated that CNA A still worked at the facility and still worked on her hall, so I guess nothing really happened. She stated she knows she will yell at CNA A if she comes into her room. During an interview on 1.14.26 at 10:45 am ADMN stated that no resident or employee has come to him at all stating any concerns towards employee CNA A. He stated that he has not received any grievances from Resident #1 regarding anything CNA A has done. He stated the employee, as far as he knew, could work anywhere in the building including hall 100. He stated the process on grievances was, a grievance document would be filled out with the name of resident, perpetrator, date, time, and an overview of what happened. He stated once completed the grievance would be put on the grievance log and at morning meetings the grievance would be submitted to the head of the department in which the grievance was associated too. During an interview on 1.14.26 at 1:15 pm DON stated that no grievance came to her regarding CNA A or an incident that involved Resident #1 or CNA A. She stated she never received anything regarding the incident. She stated that if she were to receive any grievance, she would go first to speak with the resident to find out what happened. She stated depending on what the resident stated she would</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: 676416	Facility ID: 676416 If continuation sheet Page 1 of 2

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>do an in-service or have a one on one with the staff notated in the grievance. During an interview on 1.14.26 at 1:25 pm SW B stated that yes, she did fill out a grievance for Resident #1 regarding an incident on November 7th, 2025. She stated the grievance was about an incident that happened in which CNA A went into Resident 1's room and yelled at her and told her to stop using her call light and that none of the other nurses liked helping her. She stated due to this being a nursing concern the grievance would have gone to the DON. She stated she had no idea where the grievance document was. She stated the grievance tracking log showed the incident, but the grievance document was not in the binder. Record review of facility policy dated October 2017 titled: Grievances/complaints-staff responsibilities indicated: Staff members are encouraged to guide residents about where and how to file a grievance and/or complaint when the resident believes that his/her rights have been violated.</p>		