

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2026
NAME OF PROVIDER OR SUPPLIER  Farmersville Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Beech St Farmersville, TX 75442	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for one of one resident (Resident #1) reviewed for abuse and neglect. The facility failed to ensure Resident #1 was free from abuse when CNA A spoke to the resident in a rude, demeaning, and inappropriate manner, including making unnecessary and offensive comments. This failure could place residents at risk for emotional distress, verbal abuse, and violation of their rights. Record review of Resident #1's face sheet on 01/16/26, stated Resident #1 was a [AGE] year-old male who admitted to the facility on [DATE], with the following diagnoses: Parkinson's disease (a neurological condition that impacts movement and can cause tremors, stiffness, slow movement, and difficulty with balance), cognitive communication deficit (difficulty understanding information, expressing thoughts clearly, or communicating needs effectively).</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], reflected a BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>During an interview on 01/16/26 at 11:45 AM Resident #1 revealed he reported to the ADMIN that CNA A was rude and mean to him during care. Resident #1 stated described the employee's behavior was disrespectful and inappropriate. He was unable to recall the exact statements made but stated the interaction was upsetting and should not have occurred. Resident #1 revealed the employee was typically kind and did not know what caused the behavior on that day. He stated he was not fearful of CNA A and reported satisfaction with the facility's response in suspending CNA A from the facility. Resident #1 was observed lying in bed. He appeared calm, pleasant, and cooperative, and was willing and able to engage in conversation. He did not display any signs of fear, distress, or intimidation, and there were no indications that he was currently fearful of any staff member or of the facility.</p> <p>During an interview with Resident #1's family member revealed they became aware of the incident after Resident #1 reported CNA A's behavior. Resident #1's family member stated this prompted them to review surveillance video from a camera located in the resident's room. Resident #1's family member reported observing CNA A speak to Resident #1 in a rude and demeaning manner and made inappropriate comments, including statements regarding God not helping mean people, implying the resident's family did not visit because they did not care about him. Resident #1's family member reported the family contacted the facility Administrator and reviewed the video with facility leadership. The surveyor was not provided a copy of the surveillance video.</p> <p>Record review of Resident # 1's progress note, dated 12/02/25 at 3:37 PM by a Registered Nurse, reflected the physician was notified regarding verbal abuse by a staff member towards Resident #1.</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: 676424
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2026
NAME OF PROVIDER OR SUPPLIER  Farmersville Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Beech St Farmersville, TX 75442	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's progress note dated 12/08/25 by a Registered Nurse reflected Resident #1 reported he was doing fine and had no residual issues related to the incident.</p> <p>Documentation reflected the family expressed satisfaction with the care being provided.</p> <p>Review of a statement from the ADMIN dated 12/2/25, reflected the ADMIN interviewed Resident #1 regarding the allegation that CNA A was rude and disrespectful.</p> <p>Documentation reflected Resident #1's family member played video footage for facility leadership, which showed CNA A making rude, demeaning, and inappropriate statements toward Resident #1.</p> <p>Documentation of the termination notice dated 12/2/25 reflected CNA A was initially suspended and subsequently terminated following review of the video footage. CNA A's employment file did not reflect previous behaviors towards residents.</p> <p>During an interview on 01/16/26 at 11:55 AM with the ADON revealed she was notified of the allegation by the lead CNA. She stated the incident was investigated, video footage was reviewed by facility leadership, and CNA A made inappropriate verbal comments to the resident, including religious statements implying blame for the resident's condition, which was determined to be verbally abusive.</p> <p>During an interview on 01/16/26 at 12:17 PM with a Regional Nurse revealed she was notified of the allegation of abuse and informed that video footage existed. She stated CNA A's behavior toward Resident #1 was verbally abusive and that the incident was reported December 2, 2025 to herself and ADMIN per protocol. She confirmed CNA A was terminated December 2, 2025.</p> <p>During an interview on 01/16/26 at 12:05 PM, with the Social Worker revealed she became aware of the allegation after notification by the Administrator. She stated she conducted facility-wide safety surveys and identified no additional abuse concerns. The social worker did not indicate if she spoke with Resident #1 after being notified of the incident between Resident #1 and CNA A.</p> <p>During an attempted telephone interview on 01/16/26 at approximately 11:30 AM, 1:00 PM, and 2:15 PM, CNA A did not return the call.</p> <p>Record review of in-service training records, dated 12/2/25, reflected staff education was completed related to abuse and neglect, resident rights, customer service expectations, and reporting requirements. Surveyor did not observe CNA A's name on the in-service roster.</p> <p>Record review of the facility's Abuse/Neglect and Resident Rights policies, undated reflected residents have the right to be free from verbal abuse and that all allegations must be immediately reported, investigated, and addressed to ensure resident safety.</p>		