

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Accel at College Station		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Medical Avenue College Station, TX 77845	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the resident had a right to a dignified existence for 1 (Resident #1) of 6 residents reviewed for resident rights. The facility failed to ensure that Resident #1 did not lie sideways on his bed and was covered in dried feces and a full brief on 08/30/25. This failure could place residents at risk of an undignified existence and not receiving care. Findings include: Review of Resident #1's admission Record, dated 09/03/25, reflected he was an [AGE] year old male who was admitted to the facility on [DATE] and discharged from the facility on 09/01/25. Resident #1 had diagnoses that included dementia (a group of symptoms characterized by a significant decline in mental abilities that impairs daily life), muscle weakness, unsteadiness on feet, cognitive communication deficit, and weakness. Review of Resident #1's admission MDS, dated [DATE], reflected he had a BIMs of 12, which indicated he had moderate cognitive impairment. Resident #1 also required partial/moderate assistance with toileting hygiene. Resident #1 was also occasionally urinary incontinent and frequently bowel incontinence. Review of Resident #1's Care Plan, dated 07/24/25, reflected there were care areas related to checking and changing him. Review of a photograph, captured on 08/30/25 at 7:20 a.m., reflected Resident #1 was lying sideways on his bed in his room at the facility. There were several brown spots around him that appeared to have come from his brief that were consistent with fecal matter. Resident #1 was wearing a full, soiled brief that appeared to have stained his bed sheets underneath him with a brown color. There was fecal matter coming out of the bottom of his brief. Review of Resident #1's POC, as of 09/03/25, reflected Resident #1 had an incontinent, solid, medium bowel movement on 08/30/25 at 1:18 a.m. There were no other entries documented on 08/30/25. Review of Resident #1's Progress Notes, 08/04/25-09/04/25, reflected there were no notes documented on 08/30/25. During an interview on 09/03/25 at 11:37 a.m., CNA A stated CNAs and nurses were responsible for checking and changing residents every 1-2 hours and whenever they observed a resident was soiled. CNA A stated CNAs and nurses documented checking and changing residents in residents' POC. CNA A stated the administration was responsible for overseeing and ensuring CNAs and nurses checked and changed residents by checking on residents 2-3 times daily. CNA A stated she knew the importance of checking and changing residents at least every two hours and said, So residents don't have any skin breakdown and the skin remains good. It's also a dignity issue. Residents could be at risk of a skin breakdown if they were not checked and changed at least every two hours. During an interview on 09/03/25 at 11:46 a.m., CNA B stated CNAs and nurses were responsible for checking and changing residents every two hours or if residents had a bowel or bladder movement daily. CNA B stated CNAs documented checking and changing residents in residents' POC. CNA B stated she did not know were nurses documented checking and changing residents. CNA B stated there was no one who oversaw and ensured residents were checked and changed every two hours. CNA B stated she knew the importance of checking and changing residents every two hours and said, To avoid infections, sometimes UTIs (an infection in any part of the urinary system), skin breakdowns and residents could be wet later on. It's a dignity issue. Residents could be at risk of falling because they will try to get up and clean themselves if they were not checked and changed at least every two hours. During an interview on 09/03/25 at 12:13 p.m., LVN C stated CNAs and nurses were responsible for checking and changing residents every two hours and sooner if they observed residents had a bowel or bladder movement. LVN C stated the CNAs documented checking and changing residents in the residents' POC. LVN C stated the nurses did not document checking and changing residents, but they did inform the CNAs to document whenever they checked and changed residents in their POC. LVN C stated she was unsure if there was anyone who oversaw and ensured CNAs and nurses checked and changed residents. LVN C stated she knew the importance of checking and changing residents at least every two hours and said, To prevent UTIs, infections, bed sores, and because who wants to sit in their own feces. It's dignity. Residents could be at risk of infection, UTI, C. diff (a bacterium that causes diarrhea and colon inflammation), sickness, or get up and fall if they were not checked and changed at least every two hours. During an interview on 09/03/25 at 12:33 p.m., the ADON stated CNAs, MAs, and nurses were responsible for checking and changing residents every two hours or more as needed. The ADON stated CNAs documented checking and changing residents after completing the task in residents' POC. The ADON stated nurses documented checking and changing residents after completing the task in nurse's notes. The ADON stated her, the DON and Wound Care Nurse were responsible for overseeing and ensuring CNAs, MAs, and</p>		