

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  05/21/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure that the resident has the right to be informed of, and participate in, his or her treatment, including the right to be informed in advance of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers for 1 (Residents #35) of 5 residents reviewed for resident rights.</p> <p>The facility failed to obtain an Antipsychotic or Neuroleptic Medication Treatment informed consent (form 3713 Medication Consent Form) for the use of Risperdal (an antipsychotic medication used for major depressive disorder) for Resident #35.</p> <p>The failure could place residents at risk of receiving medications without prior consent and without the option to choose alternative treatment or decline based on awareness of risk and benefits of the medications.</p> <p>Findings included:</p> <p>Record review of the admission record reflected Resident #35 was an [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses of unspecified dementia with psychotic feature (memory problems with delusions), lack of coordination, unsteadiness on feet, and major depressive disorder.</p> <p>Record review of Resident #35's Quarterly MDS dated [DATE] reflected she had a BIMS score of 3 indicating she had severe cognitive impairment. The MDS reflected Resident #35 received an antipsychotic medication daily.</p> <p>Record review of Resident #35's care plan dated 08/31/2023 reflected she had delusional disorder and used antipsychotic medication. Interventions included Administer medications as ordered. Observe/document for side effects, Monitor target behavior/symptoms and document.</p> <p>Record review of Resident #35's Physicians Order Summary Report for the month of May 2025 reflected an order for Risperdal 0.5mg 1 tablet by mouth one time daily for major depressive disorder.</p> <p>Record review of Resident #35's Medication Administration Record for May 2025 reflected she received Risperdal 0.5mg 1 tablet by mouth one time daily.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a Pharmacy Consultant Report dated 12/13/24 reflected Resident #35's medications had been reviewed by the pharmacist and instructions were given to the DON to Ensure 3713 form (Medication Consent Form) for Risperdal has resident or representative's signature .</p> <p>In an interview on 05/21/25 at 11:14 LVN F stated she was aware of medication consents were required for antipsychotic medications. She stated the ADON or DON completed the forms and ensures it had a signature. She stated the nurses had been educated in the past related to obtaining medication consent forms for antipsychotic medications by the ADON and DON. She stated negative effects related to not having an informed consent could be adverse reactions to medications.</p> <p>In an interview on 05/21/2025 at 12:09 pm the Interim DON stated she expected informed consents to be signed and filled out appropriately prior to administration of antipsychotic medications. She stated the resident, family, or responsible party had to agree to administration of antipsychotic medications. The nurse practitioner is good about completing the forms, then she leaves the forms for the responsible party to sign at the nurses' station. The DON stated the nurses are responsible for reaching out to the family/responsible party and obtaining a signature at that time. She stated she was not sure why the pharmacy recommendation was not completed in December 2024 to obtain a family/responsible party signature on the informed consent. She stated she was not at the facility at that time. The DON stated negative effects could be that the resident may receive a medication that the resident or responsible party would not want, a lack of communication or information related to use and side effects received by the responsible party.</p> <p>Record review of facility policy dated July 2016 titled Medication Utilization and Prescribing-Clinical Protocol reflected:</p> <p>1. When a medication is prescribed in response to an identified problem, condition, or risk, the physician and staff will identify the indications (condition or problem for which it is being given, or what the medication is supposed to do or prevent), considering the resident's age, conditions, risks, health status, and existing medication regimen.</p> <p>a.</p> <p>Symptoms should be characterized in sufficient detail (onset, duration, frequency, intensity, location, etc.) to help identify whether a problem exists or whether a symptom is just a variation of normal.</p> <p>b.</p> <p>A symptom (confusion, pain, etc.) may have diverse causes, so it is usually relevant to try to identify likely causes and pertinent non-pharmacologic interventions.</p> <p>c.</p> <p>A diagnosis by itself may not be sufficient justification for prescribing a medication. The existence of a condition or risk does not necessarily require a treatment and the treatment may be something besides, or in addition to, medication.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The physician and staff will review the rationale for existing medications that lack a clear indication or are being used intermittently on a PRN (as needed) basis.</p> <p>3.</p> <p>The physician and staff will identify situations in which a resident is taking medications associated with potentially significant medication-related problems such as allergies, drug-drug interactions, drug-food interactions, and adverse drug reactions.</p> <p>4.</p> <p>The physician and staff will identify significant risk factors that may affect medication effectiveness and medication-related problems; for example, someone with a high risk for falling who takes medications associated with an increased risk for falling, someone with impaired nutrition who is taking medications that affect appetite, or someone who cannot express thirst or is unable to drink without assistance who is taking diuretics and/or ACE inhibitors.</p> <p>a. The consultant pharmacist can help by reviewing facility medication usage patterns and trends and by intensifying medication reviews of individuals taking medications that present higher risks.</p> <p>Treatment/Management</p> <p>1.</p> <p>The physician and staff will adjust existing medications based on their efficacy and the continued presence of relevant conditions and risks.</p> <p>2.</p> <p>The physician will provide and/or document a rationale when the dose, duration, or frequency of a prescribed medication is greater than commonly accepted practice or the manufacturer's recommendations or the medication is considered high-risk compared to other available, relevant alternatives.</p> <p>3.</p> <p>The consultant pharmacist will advise the physician and staff about options to address medication-related issues such as medication side effects, food-drug interactions, effects of medication combinations, and drug-disease interactions.</p> <p>The staff and physician will identify and address unexpected, unintended, undesirable or excessive responses to a medication based on the severity of underlying conditions, the seriousness of any adverse drug reactions, risks of worsening of medical conditions, and other factors.</p> <p>a.</p> <p>This may include changing doses, changing times of administration, switching to another medication, or stopping one or more medications.</p> <p>(continued on next page)</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b.</p> <p>For example, a necessary medication that is causing daytime sedation could instead be administered in the evening so that peak side effects occur during sleep.</p> <p>5.</p> <p>The physician will explain and/or document the rationale for not modifying a medication in a situation where an adverse drug reaction is likely.</p> <p>6.</p> <p>The staff and physician will manage complications of adverse drug reactions appropriately.</p> <p>7.</p> <p>In addition to medication adjustments, appropriate interventions might include additional support for someone with medication-related delirium or intensified efforts to feed and hydrate the individual with medication-induced anorexia.</p>

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</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 all residents had the right to formulate an advance directive for 1 of 5 residents (Residents #64) reviewed for advanced directives, in that:</p> <p>Resident #64's OOH-DNR (Out of Hospital-Do Not Resuscitate) form was not available in her medical records and failed to ensure they had a completed OOH-DNR prior to obtaining a Physician's order for DNR for Resident #64.</p> <p>This failure could place residents at risk for not having their end of life wishes honored.</p> <p>Findings included:</p> <p>Record review of the admission record reflected Resident #64 was a [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses of pneumonia, age related cognitive decline, hyperlipidemia (elevated cholesterol), and acute respiratory failure.</p> <p>Record review of Resident #64's Quarterly MDS dated [DATE] reflected she had a BIMS score of 8 indicating she was cognitively impaired.</p> <p>Record review of Resident #64's care plan dated [DATE] reflected she had a code status of Full Code indicating to perform CPR (Cardiopulmonary Resuscitation). Interventions included If the Resident arrests CPR will be performed, 911 emergency medical services called, medical doctor and responsible party informed Staff will honor and respect Resident wish to be Full Code.</p> <p>Record review of Resident #64's Physician's Order Summary Report for the month of [DATE] reflected an order for DNR (Do Not Resuscitate) dated [DATE].</p> <p>Record review of Resident #64's facility advanced directives reflected there was no signed Out of Hospital-Do Not Resuscitate Form.</p> <p>In an interview on [DATE] at 10:19 am Resident #64's Responsible Party stated she had not filled out the OOH-DNR paperwork. She stated the facility had given the form to her, but she had not signed it, or returned it to the facility . She stated it is Resident #64's wishes to be DNR.</p> <p>In an interview on [DATE] at 11:14 am LVN F stated the code status was documented on the face sheet and admission orders. She stated if a resident was sent to the hospital a copy of the OOH-DNR must go with them. She stated had been trained on where to find the code status on the face sheet and in orders through in-services given by the ADON or DON. She stated if the code status (DNR or CPR) was incorrect the resident may get resuscitated against their wishes either way.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 11:37 am the Concierge / Case Manager stated the facility did not currently have an official social worker. She stated yes, she could assist residents if they chose to change their code status. She stated she had been trained on how to fill out a DNR and educate families and residents on the paperwork required. She stated if a resident were their own RP she would assist the resident with the forms, if the resident had a Responsible Party, she would reach out to them prior to moving forward with the DNR process. She stated once everything was filled out and the DNR was signed the facility would scan and upload it to the chart. The DON would then be notified to change code status on chart. She stated Resident #64 went and told the nurses she was a DNR. She stated Resident #64, and her Responsible Party were instructed that the signed DNR form must be on file in the medical record prior to changing code status. The Concierge / Case Manager stated negative effects for having an inaccurate code order would be not honoring the residents wishes and CPR would be performed.</p> <p>In an interview on [DATE] at 12:09 pm the Interim DON stated it was her expectations the facility has the signed OOH-DNR on file prior to changing code status orders from CPR to DNR. She stated if the form was not completed, we must put CPR on the medical record and preform CPR. She stated a resident shows interest in becoming a DNR we should provide the correct forms and help their responsible party fill it out. She stated she was not sure if the staff had been trained on OOH-DNR or not. She stated she had only been working with the facility 1 month. The Interim DON stated negative effects for not having an accurate OOH-DNR on file could be the residents wishes would not be met.</p> <p>Record review of facility undated policy titled Advance Directives' Step by Step Guidance reflected: During initial assessment, Social Services Director will verify the Resident's Advance Directive requests, Advance Directive Documents if provided, and ensure the medical record is flagged accordingly as initial page, a Red Sheet for DNR or a [NAME] Sheet for Full Code. If the Resident or RP has provided a copy of a Living Will or Directive to Physician which specifies DNR, Social Services Director will assist with the completion of an OOH-DNR. On completion of the OOH-DNR, Social Services Director will ensure that the original Physician's order for DNR is the first item seen and the completed OOH-DNR is immediately behind the DNR order in the 'Advance Directives' section of the medical record.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to assess each resident quarterly (every 3 months) using the MDS form specified by the state and approved by CMS for 1 of 5 residents (Resident #7) reviewed for assessments.</p> <p>The facility failed to ensure Residents #7's quarterly MDS assessment was completed within 3 months from the previous assessment.</p> <p>This failure could place residents at risk of not receiving necessary care or receiving inappropriate care for their conditions.</p> <p>Findings:</p> <p>Record review of Resident #7's admission record reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses to included Type 2 Diabetes Mellitus (elevated blood sugar), Morbid Obesity, and Asthma (difficulty breathing).</p> <p>Record review of Resident #7's electronic health record MDS tab reflected Resident #7 received a quarterly assessment on 01/09/2025 and had an open incomplete quarterly assessment dated [DATE].</p> <p>In an interview on 05/21/25 at 11:15 am the MDSC stated she was previously just doing Medicare and Managed care MDS' but had to recently taken over for Medicaid as well. She stated her regional MDS nurse was completing the Medicaid MDS assessments for the facility. She stated she had been trained on MDS' at different jobs she had worked at. The MDSC stated she was aware of the MDS timing schedule. She stated a new MDS consultant was recently hired to review assessments and as they were reviewing, they found an assessment that had not been completed for Resident #7. She stated MDS did affect the payment system and negative effects could be that the facility would not be paid for the resident, we would not be within state and federal regulations. The resident could lose services.</p> <p>In an interview on 05/21/2025 at 12:09 pm the Interim DON stated her expectation is that the MDS was completed when they are due. The MDS coordinators training comes from the corporate MDS nurse, and I do know she has had training. The negative effects for not having current assessments completed on residents would be that staff would not know if the resident has had a decline in condition. The MDS drives the care plan and how it should be built for the resident's needs.</p> <p>Record review of facility policy dated September 2010 titled MDS Completion and Submission Timeframes reflected: Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. The Assessment Coordinator or designee shall be responsible for ensuring that resident assessments are submitted to CMS QIES Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines. The following timeframes will be observed by this facility Quarterly (Non-Comprehensive) ARD of any previous OBRA assessment + 92 calendar days.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to ensure that all Pre-admission Screening and Resident Review (PASARR) Level I screenings were completed accurately and that a PASARR Level II assessment was provided for 1 (Resident #68) of 2 residents reviewed who had a mental illness.</p> <p>Resident #68's PASARR Level I did not identify a mental illness diagnosis that was present at admission.</p> <p>This failure had the potential to place all residents with a mental illness at risk of not receiving necessary assessments, care, and services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #68's face sheet dated 5/20/2025, revealed he was a 76- year- old admitted to the facility on [DATE] with diagnosis of Post-Traumatic Stress Disorder.</p> <p>Record review of Resident #68's electronic medical record showed that the PASARR level I was completed by the hospital on 3/27/2025 and did not document a mental illness.</p> <p>Record review of Resident #68's Care Plan dated 4/24/2025 reflected the following: [Resident #68] has PTSD, he will not have any complication related to PTSD, assess and recognize his level of anxiety, assess for presence of fear, and determine coping mechanisms for anxiety.</p> <p>Interview with the MDSC (MDS Coordinator) on 5/20/2025 at 2:30 PM, PASARR level I was requested for resident #68.</p> <p>Record review of Resident #68's PASARR Level I screening, received 5/20/2025 at 3:17PM reflected no to the question: Is there evidence or an indicator this is an individual that has a Mental Illness? The screening was signed by the MDSC and documented the admission date of 5/20/2025, which was the same day the screening was completed.</p> <p>Interview with the MDSC on 5/20/2025 at 3:40 PM, the surveyor informed the MDSC that the PASARR Level I screening received earlier indicated the resident was admitted on [DATE], and the screening was negative for mental illness. The MDSC immediately responded that the information was incorrect and explained that one screening was completed at 8:50 AM and another at 3:17p.m. The MDSC invited the surveyor to view her computer to verify that two screenings had been completed.</p> <p>The surveyor then asked the MDSC to provide a copy of the second PASARR screening. The MDSC agreed and stated she would obtain a copy. The surveyor asked the MDSC what differed between the two PASARR screenings. The MDSC stated that the second screening completed in the afternoon reflected the resident had a mental health diagnosis. When asked why the first screening did not include that information, the MDSC explained that the diagnosis had been discovered earlier that day after she reviewed the record more closely following surveyor's request for the PASARR.</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>The MDSC was asked, What is the facility's process for identifying residents with a possible MD, ID or a related condition prior to admission to the facility? The MDSC stated, she would need to ask someone for help with the question, as she had only recently assumed the MDS role in April, 2025 after graduating and becoming a registered nurse. The MDSC was asked, How does the facility identify residents with newly evident or possible serious MD, ID or a related condition after admission to the facility? The MDSC stated, she would need to ask someone. The MDSC was asked, Who is responsible for making the referral to the appropriate state-designated authority when a resident is identified as having an evident or possible MD, ID or related condition? The MDSC stated, she the MDSC was responsible for the referral.</p> <p>The MDSC was asked, If a resident is identified as having newly-evident or possible MD, ID or a related condition after admission, what is the facility's process for referring the resident to the appropriate state-designated authority? MDSC stated, the PL1 is entered in the Simple LTC system used by their facility. The MDSC was asked, why a referral was not made for Resident #68 who was identified as having a mental health diagnosis and the MDSC stated a referral was not made because the facility made a mistake. The MDSC was asked about the potential risk of harm if the resident was not referred to the appropriate authority. The MDSC responded that the resident might not receive necessary services and could experience a possible relapse.</p> <p>Interview with the Interim DON on 5/21/2025 at 12:40 PM, the surveyor asked the Interim DON was she aware of the facility's PASAAR policy, and she stated she would need to review it, explaining that she had only been at the facility for one month and was serving in a corporate capacity due to the vacancy of a permanent DON. When asked about her expectations regarding completion of the PASAAR Level I Screenings, she stated the nurses are expected to complete them correctly.</p> <p>The Interim DON was asked, What is the facility's process for identifying residents with a possible MD, ID or a related condition prior to admission to the facility? The Interim DON stated, The residents should come from the hospital with one completed, if they come from home the facility will complete it or we will have a doctor complete it. The Interim DON was asked, How does the facility identify residents with newly evident or possible serious MD, ID or a related condition after admission to the facility? The Interim DON stated, the IDT (Interdisciplinary Team) discussed the residents at the meetings when there were new developments. The Interim DON was asked, Who is responsible for making the referral to the appropriate state-designated authority when a resident is identified as having an evident or possible MD, ID or related condition? She responded, the MDS Coordinators. The Interim DON was asked, If a resident is identified as having newly-evident or possible MD, ID or a related condition after admission, what is the facility's process for referring the resident to the appropriate state-designated authority? She responded, the MDS Coordinator would complete the referral to the MHMR authority. The Interim DON was asked, about Resident #68's PASARR not being completed correctly, she stated she could not say why the PASARR was not completed correctly as resident was at the facility prior to her. The Interim DON was asked about the potential risk of harm if the resident was not referred to the appropriate authority. She stated that the care plan might not be properly followed, as the necessary services would not be included, resulting in the resident missing out on services that would be helpful for him. She furthered stated the resident's intention was to return to the community and if he qualified for services, those services would be helpful for resident's transition.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to provide, based on the comprehensive assessment and care plan and the preference of each resident, an ongoing program to support residents in their choice of activities designed to meet the interests of and support the physical, mental, and psychosocial well-being for 2 of 5. (Residents #65 and Resident #67) reviewed for activities residents reviewed for activities.</p> <p>A-The facility failed to ensure daily activities occurred on a regular basis for residents who were bed fast .</p> <p>B-The facility failed to ensure Room visits were conducted and met the needs of the residents.</p> <p>The facility's failure to provide an ongoing program to support residents in their choice of activities designed to meet the interests of and support the physical, mental, and psychosocial well-being could potentially place all residents at risk of decreased self-worth, boredom, poor quality of life, depression, behaviors and decreased cognitive function.</p> <p>Findings Include:</p> <p>Record review of Resident #67's face sheet 05/21/2025 indicated a [AGE] year-old female and was admitted on [DATE] with diagnoses including Osteomyelitis of vertebra, Sacral and Sacrococcygeal region ( bone infection of the spine), Multiple Sclerosis ( auto immune disease that affects the nervous system), bacteremia ( bacteria in the blood stream) ,Major depression( mental health condition) , Autonomic Neuropathy ( nerve damage ),and Paraplegia ( paralysis of lower half of body).</p> <p>Record review of Resident # 67 quarterly MDS dated [DATE] indicated a BIMS score of 6 indicating a severe cognitive impairment . Section G functional reflected a 3 which indicated : Extensive assistance - resident involved in activity, staff provide weight-bearing support and total dependence. The MDS did not specify activity preferences.</p> <p>Record review of Resident #67's care plan dated 04/11/2025 reflected .Dependent on staff for activities, cognitive stimulation, social interaction r/t Physical Limitations. GOAL: Will maintain involvement in cognitive stimulation, social activities as desired through review date. INTERVENTION: Introduce the resident, to residents with similar background, interests, and encourage/facilitate interaction. Invite the resident, to scheduled activities. Provide with activities calendar. Notify resident of any changes to the calendar of activities. o The resident prefers activities which do not involve overly demanding cognitive tasks. Engage in simple, structured activities. Responsible staff are CNA, ACTA and ACTD .</p> <p>Observation and interview on 05/21/2025 12:40 p.m., Resident # 67 said she would like more activities. She said an activity calendar was placed on her closet door, but she was not able to see it because she did not get out of bed. She said she did not remember an activity director ever coming to her room to visit with her. She stated she had her cell phone and guessed she could play games and her laptop , which was sitting in a chair and not reachable. She stated she did not like bingo but would try other activities if offered.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 05/19/2025 at 10:30 a.m. revealed an activity schedule was posted on Resident #67's closet door ; however, it was not visible for her to read.</p> <p>Observation on 05/20/2025 at 10:50 a.m., revealed Resident #67 laying in her bed in a dark room and had no activities provided to her room.</p> <p>Observation on 05/21/2025 at 1:30 p.m., revealed Resident #67 laying in her bed in her dark room and had no activities provided to her room.</p> <p>Record review of Resident #65's face sheet dated 05/21/2025 indicted a [AGE] year-old female who was admitted on [DATE] with diagnosis of : Metabolic encephalopathy ( brain disorder ) , Ataxia (poor muscle control) Severe obesity, Major depression ( mental health disorder / low mood) and Anxiety ( mental health disorder).</p> <p>Record review of Resident # 65's care plan dated 02/07/2025 reflected a focus related to activities were not monitored. According to Resident # 65 care plan she was on antidepressant Medication and interventions include: Observe/document/report to MD . signs of Sad, irritable, anger, never satisfied, crying, shame, worthlessness, guilt, suicidal ideations, neg. mood/comments, slowed movement , agitation, disrupted sleep, fatigue, lethargy, does not enjoy usual activities, changes in cognition.</p> <p>Record review of a quarterly MDS assessment dated [DATE] indicated Resident #65 had a BIMS score of 15 indicating intact cognition. The MDS section G - functional abilities reflected the resident needed partial assistance from another person to complete any activities. Resident #67 required Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. The MDS did not specify activity preferences.</p> <p>Interview on 05/20 /2025 at 9:59 a.m., the Activity Director said she would go to the resident's room who were bed fast or refused to go to group activities 3 times a week. She stated she would do daily devotional with them, play music or talk with them. She stated it was difficult for her to keep up with everyone because she did not have help and the CNA's did not help her. She said a lot of times it was hard to get the residents to attend activities and when they came to group activities they came and went and did not stay engaged. She stated she would have to look for her participation log for group and in room activities to show activities were offered.</p> <p>Observation and interview on 05/21/2024 at 12:28 a.m. with Resident # 65 revealed she was lying in her bed while visiting with her family member. She said she did not know who the activity director was, and she did not believe she had an activity calendar in her room. She stated no one had come to her room and provided activities. She stated she would like to do any activity besides bingo.</p> <p>Observation and interview on 05/20/2025 at 11:50 a.m., revealed Resident #65 laying in her bed with her eyes closed. She was asked if she had seen the Activity Director and if activities were provided to her and she said No. Resident # 65 did not provide any additional information.</p> <p>Observation on 05/21/2025 at 1:00 p.m., revealed Resident #65 out of bed and sitting in her chair with the TV on; however she was not watching it and was asleep. She stated she had not seen the Activity Director and had no activities provided to her room.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview On 05/21/2025 at 11:00 a.m., the Activity Director provided a participation log to the surveyor. The Activity Director was asked if she had just completed the participation log and she stated, I am not going to lie. I have not been doing a participation log and I just made these up and I do not want to get in trouble.</p> <p>Interview on 05/21/2025 at 11:03 a.m., the DON said she did not supervise the Activity Director directly, but from her knowledge she should have activities that she could take residents who were dependent on staff for care or refuse to come out of the room for group activities. She stated she should provide activities residents enjoyed, in her office. She stated she should provide in room activities such as card games, and music of their preference. She stated without activities provided could be socially disconnected and become depressed and have no joy, if activities were not provided to them.</p> <p>An interview on 05/21/2025 with the ADMIN, she said she would expect the Activity Director to follow the activity calendar or put another activity in the place as needed and ensure activities were provided to residents as a group, and individually. She stated the Activity Director should visit each resident who was bedbound and / refused to leave their room and provide activities of their preference. She stated she would expect for the Activity Director to document on a participation log and if she was not, she would have to give disciplinary actions. She stated without activities provided residents could have a decline in their care and health and their interest in doing activities. She said she would be bored out of her mind if she did not have activities to do and the residents could feel that way.</p> <p>On 05/20/2025 at 9:59 a.m. Activity Director was asked to provide a copy of Resident #65 and # 67 Activities Assessments; however, they were not provided.</p> <p>On 05/20/2025 at 2:00PM Activity Director was asked to provide a Daily Participation form/log for Resident #65 and #67 for May 2025 and was not provided to the surveyor .</p> <p>Record review of facility Activities policy dated 11/28/2017 reflected,</p> <p>Policy Statement</p> <p>The facility will provide, based on the comprehensive assessment, care plan and preferences of each resident, an ongoing activity program to support residents in their choice and interests.</p> <p>Policy Interpretation and Implementation</p> <p>1.</p> <p>Our activity programs are designed to encourage individual participation and are geared to the individual resident's interests, hobbies, and cultural preferences.</p> <p>2.</p> <p>Activities are scheduled daily and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup, and critique of the programs.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3.</p> <p>Our activity programs consist of individual and small and large group activities that are designed to meet the needs and interests of each resident and include, as a minimum:</p> <p>a.</p> <p>Activities that stimulate the cardiovascular system, prevent behavioral symptoms and assist with range of motion, such as exercise, movement to music, wheelchair basketball/volleyball, etc., are offered five to seven times per week.</p> <p>b.</p> <p>Intellectual activities that are mentally stimulating, such as current events, trivia, word games, book reviews, educational movies, etc.</p> <p>c.</p> <p>Weather permitting, outdoor activities are held on a regular basis.</p> <p>d.</p> <p>At least one evening activity is offered per week, depending on population needs.</p> <p>e.</p> <p>Spiritual programming is scheduled to meet the religious needs of the residents.</p> <p>f.</p> <p>Creative and expressive activities, such as arts and crafts, ceramics, painting, drama, creative writing, poetry and music, are available on a regular basis to meet the needs of residents.</p> <p>g.</p> <p>Social activities are scheduled to increase self esteem, to stimulate interest and friendships, and to provide fun and enjoyment. Activities include, but are not limited to, daily coffee social, birthday and holiday parties, entertainment, candlelight dinner, country breakfast, cultural and theme events (Cinco de Mayo, Western Day, Crazy Hat Day, etc.).</p> <p>h.</p> <p>Participation in community groups and religious organizations are encouraged based on the needs of the resident population.</p> <p>4.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Activities are not necessarily limited to formal activities being provided only by activities staff. Other facility staff, volunteers, visitors, residents, and family members may also provide the activities.</p> <p>5.</p> <p>Activities participation for each resident is approved by the Attending Physician based on information in the resident's comprehensive assessment.</p> <p>6.</p> <p>Scheduled activities are posted on the resident bulletin board. Activity schedules are also provided individually to residents who cannot access the bulletin board.</p> <p>7.</p> <p>Individualized and group activities are provided that:</p> <p>a.</p> <p>Reflect the schedules, choices, and rights of the residents.</p> <p>b.</p> <p>Are offered at hours convenient to the residents, including evenings, holidays, and weekends.</p> <p>c.</p> <p>Reflect the cultural and religious interests, hobbies, life experiences, and personal preferences of the residents; and</p> <p>d. Appeal to men and women as well as those of various age groups residing in the facility.</p> <p>8.</p> <p>Residents are encouraged, but not required, to participate in scheduled activities.</p> <p>9.</p> <p>Adequate space and equipment are provided to ensure that needed services identified in the resident's plan of care are met.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drug and biological) to meet the needs of each resident for one (Resident # 8) of five residents reviewed for pharmaceutical services.</p> <p>The facility failed to ensure MA A completed the medication administration for Resident #8 when she left the medications in a cup at his bedside and left prior to Resident #8 taking the medication.</p> <p>This failure could place residents at risk of not receiving the intended therapeutic benefit of the medications.</p> <p>Findings include:</p> <p>Review of Resident #8's Face sheet, dated 05/20/2025, reflected a [AGE] year-old male, admitted to the facility on [DATE] with the following diagnoses type 2 diabetes mellitus with diabetic neuropathic arthropathy (chronic condition where the body either did not produce enough insulin or the cells did not respond properly to the insulin produced, leading to high blood sugars, neuropathy arthropathy - nerve damage leads to destruction and deformity of the joints, particularly in the foot and ankle), unspecified combined systolic (congestive) and diastolic (congestive) heart failure (condition where both the heart's ability to pump blood and its ability to relax and fill with blood are impaired), chronic respiratory failure (a condition where the lungs does not have enough oxygen), generalized anxiety disorder ( irrational worry and fear about everyday situations and events), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>Review of Resident #8's Quarterly MDS Assessment, dated 03/10/2025, reflected Resident #8 had a BIMS score of 15 indicating his cognition was intact. Resident #8 had a diagnosis of heart failure, diabetes mellitus, depression, anxiety, and respiratory failure. Resident #8 received pain medication. He received antidepressant (used to treat mental health conditions), opioid (manages pain), and hypoglycemic (used to lower blood glucose levels).</p> <p>Observation and interview on 05/20/2025 at 11:25 AM Resident #8 was sitting in his room. There was five medications in a medication cup on a table in Resident #8 room. Interview with Resident #8 stated the nurse brought him his medications and left them on his table. He stated he had not taken his medications. Resident #8 picked up the cup of pills and ingested them. He stated the medications had been in his room a few minutes. Resident #8 stated he did not recall all his medications but knew one of them was for his depression and for his blood sugar.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 05/20/2025 at 11:40 AM, MA A stated she did give Resident #8 morning medications on 05/20/2025. She stated she did leave the medications in Resident # 8's room. She stated she was expected to observe Resident #8 swallow his medications. MA A stated she did not make any observation of Resident #8 swallowing any of his medications. MA A stated there was a possibility Resident #8 may throw his medications in the garbage and not take his medicines. She stated there was a possibility Resident #8 may leave his room and another resident may wander into Resident #8 room and swallow Resident #8's medication. MA A stated if another resident swallowed Resident #8's medication there was a potential the other resident may become very ill with allergic reaction to the medication and may need to be hospitalized . She also stated it was a possibility no one would know another resident had taken Resident #8 medication and if the resident became severely sick, the staff would not know what happened to the resident and would not know what to report to the doctor of the accurate information of why the resident became suddenly sick. She stated she had been in-service not to leave a resident without observing the resident swallowing all medications. MA A did not respond to the question of why she left Resident #8's medication in his room. She stated Resident #8 does not have an order to self- administer medications.</p> <p>Interview on 5/20/2025 at 2:55 PM The Interim Director of Nurses stated she expected for the Med-Aides and Nurses to remain with the resident until they have ingested all their medications. She stated it was not safe for any medications be left in Resident #8's room. She stated there was a potential Resident #8 may not take his medication. The Interim Director of Nurses stated if another resident ingested Resident #8's medication there was a potential the other resident may become severely sick such as: drop in blood pressure or blood sugar, increase in heart rate or if the resident was allergic to the medication the resident may die. She stated if Resident #8 did not take his medications, he may need to be hospitalized for further assessment and care. She stated she was responsible to monitor MA, LVN's, and RN's. She stated the nurses and MAs had been in-service on administering medication. She did not recall the date of the in-service.</p> <p>Interview on 05/21/2025 at 9:30 AM The Administrator stated her expectations was the MA or nurse never leave any medications in a resident room. She sated there was a possibility the resident may not take their medications. The Administrator if a resident missed their medication there was a potential the resident may become physically ill such as high blood pressure, affect the residents blood sugar, mood, or increase pain. She stated it was according to what type of medications the residents needed to determine exactly what possibility may happen to a resident's physical condition. She stated the nursing staff had been in-service on administering medications. The Administrator stated she did not recall the date. She stated the Director of Nurses was responsible to monitor the nurses.</p> <p>Review of the Facility's Administering Medication Policy, dated December 2012, reflected Medications shall be administered in a safe and timely manner, and as prescribed. The individual administering the medication, the individual administering the medication will record in the resident's medical record. The individual administering the medication will record in the resident's medical record:</p> <p>a.</p> <p>The date and time the medication was administered.</p> <p>b.</p> <p>The dosage.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c.</p> <p>The route of the administration.</p> <p>d.</p> <p>The injection site (if applicable).</p> <p>e.</p> <p>Any complaints or symptoms for which the drug was administered.</p> <p>f.</p> <p>Any results achieved and when those results were observed; and</p> <p>g.</p> <p>The signature and title of the person administering the drug.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation and interview the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles for 1 of 3 medication carts reviewed for storage of drugs and biologicals.</p> <p>The facility failed to prevent Medication Cart #1 being unattended and unlocked near the five hundred hall nurses' desks on 05/20/2025.</p> <p>These failures could place residents at risk of not receiving the intended therapeutic benefits of their medications, missing medication, and access of others to residents' medications.</p> <p>Findings include:</p> <p>Observation on 05/20/2025 at 4:35 AM, an unlocked Medication Cart #1 was located at the front of the 500-hall against a wall. LVN H was located at the end of 500- hall administering medications to residents in their rooms. Observed LVN H enter and exit a resident room (do not know the room number).</p> <p>Interview on 05/20/2025 at 4:48 AM, LVN H stated Medication Cart #1 was unlocked. LVN H stated she was the nurse with the key to Medication Cart #1.</p> <p>Interview on 05/20/2025 at 5:10 AM, The Director of Nurses stated the medication carts were expected to be locked when the nurse or MAs were not removing medications from the cart and when stepped away from the cart. She stated there was a possibility a resident may remove medications from the cart, ingest the medication, and become ill such as have an allergic reaction, overdose, may cause blood pressure to drop or cause all types of physical issues. She stated the resident may need to be hospitalized . She stated the nurses were responsible to ensure the medication carts were locked when not in use. The Director of Nurses stated she was responsible to monitor the nurses.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 observation, interview, and record review, the facility failed to store, prepare, distribute food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure Dietary Aide wore a beard guard when standing over clean dishes on food prep table.</li> <li>The facility failed to ensure Dietary [NAME] changed her gloves during food preparation after touching contaminated bread plastic bag.</li> </ol> <p>This failure could place residents who ate food from the kitchen at risk for foodborne illness.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Observation on 05/19/2025 at 9:15 AM, Dietary Aide was standing over clean dishes on the food prep table and he did not cover his beard with the beard guard. He had approximately 8 inches of hair growth around his chin and jaw area.</li> </ol> <p>Interview on 05/20/2025 at 8:47 AM, Dietary Aide stated he was not wearing a beard guard correctly. He stated there was a potential hair may fall from his face onto the clean plates. Dietary Aide stated if there was hair on the plates there was a potential hair may transfer to food being served to the residents. He stated a resident may become physically ill with stomach issues such as vomiting if a resident ingested hair. Dietary Aide stated hair was considered contaminated. Dietary Aide stated he was trained to wear beard guards and hair nets when in the kitchen. He did not recall the date or time of the in-service.</p> <ol style="list-style-type: none"> <li>Observation on 05/19/2025 at 9:15 AM Dietary [NAME] was not wearing a gloves. She was placing shredded lettuce and sliced tomatoes in a silver pan for resident's lunch meal with both hands. She placed her right hand inside her pocket on the right side of her pants. Dietary [NAME] was removing a permanent marker from the pocket of her pants. She wrote the date on a label and placed the label on the silver pan with the lettuce and tomatoes. Dietary [NAME] did not wash her hands. She touched the lettuce with her middle, ring, and fore fingers on her right hand.</li> </ol> <p>Interview on 05/20/2025 at 9:05 AM Dietary [NAME] stated she did not wash or sanitize her hands when she placed her right hand inside her pants pocket. She stated she needed the permanent marker in her pocket to write date on a label. Dietary [NAME] stated she did touch the lettuce in the large silver pan with the fingers on her right hand. She stated the lettuce was for the resident's lunch meal. Dietary [NAME] stated there was a possibility of spreading germs from her pants onto her hands. She stated germs may transfer from her hands onto the lettuce. Dietary [NAME] stated if a resident ate food with germs on it there was a possibility a resident may become ill with stomach problems such as vomiting. She stated she had been in-service on hand hygiene but did not remember the date of the in-service.</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 - Some</p>	<p>Interview on 05/21/2025 at 8:15 AM The Dietary Manager stated all male staff were expected to wear beard nets in the kitchen. She stated there was a possibility hair may fall on the food, the food preparation table, and clean dishes. She stated if hair was on the food or plate and a resident ingested the hair, there was a potential a resident may become ill with some type of food borne illness. She stated hair was considered contaminated. The Dietary Manager stated all staff were required to wash hands between tasks and whenever they touched anything contaminated. She stated staff clothes, and a permanent marker was considered contaminated. The Dietary Manager stated the staff was in-serviced on hand hygiene and wearing hair nets. She stated she did not recall the date of the in-service.</p> <p>Interview on 05/21/25 at 9:45 AM the Administrator stated her expectation was that beard restraints were to be worn by all male kitchen staff with facial hair when working in the kitchen. The Administrator stated if hair restraints are not worn there was a possibility a hair may fall into food. She stated there was a possibility if a resident ingested a hair the resident may become ill with some type of stomach issues such as nausea or vomiting. The Administrator stated she expected the dietary staff to wash their hands in between tasks or when they touched any contaminated item. She stated if dietary staff did not wash their hands after touching anything considered contaminated, there was a potential a resident may become ill with an upset stomach such as nausea or vomiting if a resident ingested any type of bacteria in their food. The Administrator stated the Dietary Manager was responsible to monitor the kitchen. She stated she made rounds in the kitchen several times per week and had meetings with the Dietary Manager to ensure the kitchen was following guidelines.</p> <p>Review of the Facility's Handwashing for Food Safety, not dated, reflected inadequate handwashing has been identified as a contributing factor to foodborne illness, especially when preparing raw meat and poultry. Hands can move germs that can cause illness found in raw meat and poultry, around the area you are preparing food, which can lead to foodborne illness. Washing your hands often is one of the best ways to stop the spread of harmful germs that can cause illness, including foodborne illness.</p> <p>Review of the Facility's Staff Hygienic Dress Code Policy, not dated, reflected hair and facial hair: staff must keep hair tied back of off the shoulders and secured under a hair net or cap. Facial hair should also be neatly restrained to prevent contamination.</p> <p>Review of FDA Food Code 2022 reflected 2-301.16 Hand Antiseptics</p> <p>(A) A hand antiseptic used as a topical application, a hand antiseptic solution used as a hand dip, or a hand antiseptic soap shall:</p> <p>(1) Comply with one of the following:</p> <p>(a) Be an APPROVED drug that is listed in the FDA publication</p> <p>Approved Drug Products with Therapeutic Equivalence</p> <p>Evaluations as an APPROVED drug based on safety and effectiveness; Pf or</p> <p>(continued on next page)</p>		

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  05/21/2025
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.

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(b) Have active antimicrobial ingredients that are listed in the FDA monograph for OTC Health-Care Antiseptic Drug Products as an antiseptic handwash, Pf and</p> <p>(2) Consist only of components which the intended use of each complies with one of the following:</p> <p>FDA Food Code 2022 Chapter 2. Management and Personnel Chapter 2 - 20</p> <p>(a) A threshold of regulation exemption under 21 CFR 170.39 - Threshold of regulation for substances used in FOOD-contact articles;Pf or</p> <p>(b) 21 CFR 178 - Indirect FOOD Additives: Adjuvants, Production Aids, and Sanitizers as regulated for use as a FOOD ADDITIVE with conditions of safe use, Pf or</p> <p>(c) A determination of generally recognized as safe (GRAS). Partial listings of substances with FOOD uses that are GRAS may be found in 21 CFR 182 - Substances Generally Recognized as Safe, 21 CFR 184 - Direct FOOD Substances Affirmed as Generally Recognized as Safe, or 21 CFR 186 - Indirect FOOD Substances Affirmed as Generally Recognized as Safe for use in contact with FOOD, and in FDA's Inventory of GRAS Notices, Pf or</p> <p>(d) A prior sanction listed under 21 CFR 181 - Prior Sanctioned FOOD Ingredients,Pf or</p> <p>(e) a FOOD Contact Notification that is effective,Pf and</p> <p>(3) Be applied only to hands that are cleaned as specified under  (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 - Some</p>	<p>&amp;sect; 2-301.12. Pf</p> <p>(B) If a hand antiseptic or a hand antiseptic solution used as a hand dip does not meet the criteria specified under Subparagraph (A)(2) of this section, use shall be:</p> <p>(1) Followed by thorough hand rinsing in clean water before hand contact with FOOD or by the use of gloves; Pf or</p> <p>(2) Limited to situations that involve no direct contact with FOOD by the bare hands. Pf</p> <p>(C) A hand antiseptic solution used as a hand dip shall be maintained clean and at a strength equivalent to at least 100 MG/L chlorine</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #28) reviewed for infection control.</p> <p>MA A failed to properly sanitize or wash hands prior to the beginning of medication preparation for Resident #28 during an observation of medication pass on 05/20/2025.</p> <p>This failure places residents at risk for infection by the spreading of germs that could lead to illness and hospitalization.</p> <p>Findings included:</p> <p>During an observation and interview of medications pass on 05/20/2025 at 8:20am performed by MA A she proceeded to prepare Resident #28's medications for the morning liberalized medication pass. MA A prepared the following medications ;</p> <ul style="list-style-type: none"> <li>* Bumetanide (a water pill) 2mg 1 tab,</li> <li>*Famotidine (a stomach acid medication) 20mg 1 tab,</li> <li>*Tamsulosin (used to treat urinary flow) 0.4 1 tab,</li> <li>*Entresto (a medication used to treat heart failure) 24/26mg 0.5 tabs,</li> <li>*Amiodarone (used to treat heart irregular rhythm)200mg 1 tab,</li> <li>*Eliquis (a blood thinner) 5 mg 1 tab,</li> <li>*Docusate sodium (a stool softener) 100mg 1 tab,</li> <li>*Vitamin c 500mg 1 tab,</li> <li>*Multivitamin 1 tab,</li> <li>*MiraLAX (a laxative) 17gm,</li> <li>*Mucinex (a mucous thinner)er 600mg 1 tab, and</li> <li>*Zyrtec(an allergy medication) 10mg 1 tab.</li> </ul> <p>MA A failed to sanitize or wash hands prior to the medication pass. She stated she had been trained on handwashing. She stated the DON and ADON do give in-services related to washing their hands. She stated risk to residents for not washing hands would be the spread of germs and infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/21/2025 at 12:09 pm the Interim DON stated all staff should be washing hands and using hand sanitizer prior to and after medication administration. She stated they were instructed on hand washing through in-services provided by the ADON and DON. She stated The Pharmacist Consultant does complete check offs and watch medication pass, and hand sanitizing and washing is part of that check off. She stated she was not sure the frequency of the medication passes check offs. The Interim DON stated negative effects for not washing hands are spreading germs from one resident to another making residents sick.</p> <p>Record review of facility policy titled Handwashing/Hand Hygiene dated 2001 and revised August 2015.</p> <p>1.</p> <p>Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>a.</p> <p>Before and after direct contact with residents.</p> <p>b.</p> <p>Before preparing or handling medications.</p>