STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676096	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baybrooke Village Care and Rehab Center	8300 Eldorado Parkway West McKinney, TX 75070

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to inform the resident's physician, responsible party, and notify, consistent with his or her authority, when there was a change in condition for 1 of 4 residents (Resident #1) reviewed for notification of changes. The facility failed to promptly notify Resident #1's physician when a change in blood pressure was discovered for Resident #1. The physician was not made aware of the continuous low blood pressure vital checks until Resident #1 was being evaluated to be transferred to the hospital for an unrelated treatment. This deficient practice could place residents at risk of not having their physicians informed when there was a change in condition resulting in a delay in medical intervention and decline in health.Findings included: Record review of Resident #1's Care Plan, dated 12/01/25, revealed a [AGE] year-old male. He was admitted to the facility on [DATE]. Diagnoses of hypertension (high blood pressure), Arteriovenous fistula (abnormal connection between an artery and a vein), Benign prostatic hyperplasia with lower urinary tract symptoms (non-cancerous growth of the prostate gland, which can lead to urinary symptoms due to the pressure it exerts on the urethra), age related physical debility, and immune thrombocytopenic purpura (auto-immune disorder of low platelet counts). 11/22/2025 documented staff will notify physicians of any changes in condition. 11/24/2025 documented monitor vital signs as ordered and as needed. 11/24/2025 documented provide medications and treatments ordered for current cardiac status. Report results to doctor. Record review of Resident #1's Annual MDS Assessment, dated 11/25/2025, reflected Resident #1 had a BIMS (Brief Interview Mental Status) score of 13 indicating intact cognitive function. Resident #1 had diagnosis of Anemia (Low level of red blood cells), Coronary Artery Disease (Narrowing of coronary arteries), Heart Failure, Hypertension (High blood pressure). Record review of Resident #1's Admissions Assessment, dated 11/23/2025, reflected diagnosis of history of pulmonary embolism (Stroke), and hypotension (Low blood pressure). Record review of Progress Note, dated 11/29/2025 at 11:22 AM reflected Resident #1's blood pressure was 85/59. Documented by Medication Aide E. Medications were held because Resident #1's blood pressure was too low to give medication. Record review of Progress Note, dated 11/29/2025 at 8:54 PM reflected Resident #1's blood pressure was 73/55. Documented by Medication Aide E. Medications were held because Resident #1's blood pressure was too low to give medication. Record review of Change in Condition inservice, dated 12/01/2025, reflected 31 care staff received training for a change in condition. Record review of Resident #1's electronic medical records dated 12/03/2025 reflected the following blood pressure vitals: 85/59 on 11/29/2025 at 11:22 AM, 85/59 on 11/29/2025 at 11:25 AM, 70/53 on 11/29/2025 at 1:40 PM, 73/55 on 11/29/2025 at 8:54 PM, 85/60 on 11/29/2025 at 8:57 PM, 86/60 on 11/29/2025 at 8:58 PM, 88/60 on 11/30/2025 at 1:59 AM, 62/50 on 11/30/2025 at 11:59 AM. Record review of Resident #1's electronic medical records dated 12/03/2025 reflected the following blood pressure vitals: 69/47 on 11/25/2025 at 8:35 PM, 69/47 on 11/25/2025 at 8:44 PM. Record review of Resident #1's electronic medical records dated 12/03/2025 reflected the following blood pressure vitals: 66/45 on 11/24/2025 at 8:07 PM, 66/45 on 11/24/2025 at 8:16 PM. Interview on 12/03/2025 at 12:30 PM with Physician C revealed that the facility did not notify the physician of the low blood pressure for Resident # that was discovered on 11/29/2025. The physician stated that blood pressure can affect internal organs if it stays low long enough. She stated it can cause chronic kidney failure. She stated that the low blood pressure could have been a sign of an underlying infection. She stated had she of known that his blood pressure was low on 11/29/2025 she would have informed the facility to send Resident #1 to the hospital for further evaluation. She stated it might not have been severe, but it would have been out of caution until. She stated that no matter what they should have informed the physician or nurse practitioner of consecutive low blood pressure readings that require the facility staff to withhold the low blood pressure medications. She stated that the facility should have notified her even with Resident #1's history of low blood pressure. She stated that the risk would be low, but necessary to consider so that residents can receive the proper care and monitoring earlier to prevent a more serious outcome. While discussing the change in conditions that occurred on 11/29/2025 and 11/30/2025 it was discovered that Resident #1 had other instances of low blood pressure readings that Physician C was not notified of. She stated that she also should have been notified of the low blood pressure readings on 11/24/2025 and 22/25/2025. Interview on 12/03/2025 at 1:00 PM with Director of Nursing B revealed that Resident #1 was taking midodrine 5mg tablets for low blood pressure. He had a history of low blood pressure and was to receive the low blood