STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455490	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lakes at Texas City	424 N Tarpey Rd Texas City, TX 77591

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455490	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lakes at Texas City	424 N Tarpey Rd Texas City, TX 77591

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible and that each resident received adequate supervision and assistance devices to prevent accidents for 1 of 4 residents (CR #1) reviewed for accidents and supervision. - The facility failed to ensure CR #1 had adequate supervision to prevent an accident on 11/4/25 which resulted in a witnessed fall with injury (Acute right subdural hygroma [a collection of cerebrospinal fluid on the right side of the brain beneath the brain's dura mater [the tough, outermost layer that protects the brain and spinal cord]), which resulted in rehospitalization. - The facility failed to ensure 2 staff members remained at bedside during ADL care. This noncompliance was identified as Past Non-Compliance. The IJ began on 11/4/25 and ended on 11/5/25. The facility corrected the noncompliance before the survey began. These failures have the potential to place residents at risk for falls which can lead to actual harm.Findings include: Record review of CR #1's admission Record dated 11/20/2025 revealed he was a [AGE] year old male who admitted to the facility on [DATE] with diagnoses of focal traumatic brain injury with loss of consciousness (a brain injury at a specific site of the brain that causes a loss of awareness, which can be caused by a jolt to the head, leading to the brain moving within the skull), pneumonia (an infection of the lungs that causes the air sacs to fill with fluid or pus, leading to symptoms like cough, fever, chills and difficulty breathing), unspecified fracture of skull (broken skull), unspecified fracture of facial bones (broken facial bones), diffuse traumatic brain injury with loss of consciousness (a type of traumatic brain injury caused by shearing forces that tear axons [long thin fibers that transmit signals within the brain] in the brain, leading to widespread microscopic damage and loss of consciousness), traumatic brain compression without herniation (a condition where a head injury causes brain swelling or bleeding that compresses brain tissue, but the brain does not push through or herniate through the openings in the skull) and tracheostomy status (a surgical procedure that creates an opening in the neck to insert a breathing tube into the wind pipe [trachea]). Record review of CR #1's admission Minimum Data Set, dated [DATE] revealed he was coded as persistent vegetative state/no discernible consciousness and was coded, yes, totally dependent on at least 2 staff members for ADL care including bed mobility/roll left to right and bathing. Record review of CR #1's baseline care plan dated 10/24/2025 revealed CR #1 was coded under Functional ADLS/Mobility as Total Dependence for bed mobility and bathing. CR #1 was also coded under Safety . The Resident has the following Risk Factors for Falls.Paralysis and Severe Weakness/deconditioning. With a Goal that read in part. Resident will not sustain a fall related injury by utilizing fall precautions through next review date. Record review of CR #1's admission fall risk assessment dated [DATE] revealed he scored a 10 indicating he was at moderate risk for falls. Record review of CR #1's Hospital B discharge orders dated 10/22/2025 revealed no orders for a helmet. Record review of CR #1's admission physician orders dated 10/22/2025 revealed no orders for a helmet. Record review of facility incident and accident report log with a date range of 09/01/2025 through 11/20/2025 revealed CR #1 had a witnessed fall on 11/4/2025 at 4:00pm. Record review of CR #1's incident and accident report dated 11/4/25 at 4:00 pm revealed the following documentation by LVN A: .called to the resident room by CNA. Nurse entered the room observed the resident on the floor laying supine (lying on one's back with face upward), between the bed and wall, trach (tracheostomy) remained in place. The CNA states the resident was overturned and (sic)begin to slide off the bed with forehead leaned against the wall. Another CNA entered the resident room and observed the resident sliding off the bed and assisting the resident to the floor. Head-to-toe assessment complete. Red area noted to right side of forehead. Record review of CR #1's ER hospital A record dated 11/4/25 revealed CT of the head concerning for a right frontoparietal convexity [Refers to the outer convex having an outline or curved surface like the exterior of a circle] surface of the brain located where the frontal and parietal [top of the brain] lobes meet] collection suspicious for seroma [collection of clear fluid] or hygroma [fluid-filled sac or cyst that develops in soft tissue, often over a bony prominence due to repeated trauma or pressure] as well as moderate mass effect with an 8mm right to left midline shift and a large left frontoparietal craniectomy .unclear if seroma/hygroma is new or unchanged in size. Therefore, will initiate discussion/transfer to site of patient's previous care at [Hospital B]. Record review of CR #1's Hospital B CT Scan results dated 11/6/2025 revealed the following: Impression: Increased size of right convexity [Refers to the outer convex having an outline or curved surface like the exterior of a circle] subdural [situated or occurring under the tough outer membrane that covers the brain]