

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/25/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                      | (X3) DATE SURVEY<br>COMPLETED<br><br>04/01/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Magnolia Manor                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4400 Gulf St<br>Groves, TX 77619 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                 |
| F 0557<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record review, the facility failed to ensure residents had the right to retain and use personal possessions, including clothing, as space permits, unless to do so would infringe upon the rights of others for 1 of 3 residents (Resident #1) reviewed for respect and dignity. The facility failed to inventory and label Resident #1's clothing at admission and before her clothes were sent to the facility's laundry room. This failure could place residents at risk of their clothing not being returned, lost, stolen, and not having adequate clothing options. Findings included: Record review of Resident #1's face sheet dated 04/1/2026 indicated she was a [AGE] year-old female admitted [DATE] with diagnoses of cerebral infarction (an ischemic stroke, is the death of brain tissue due to a blockage in blood supply, leading to oxygen deprivation and tissue necrosis), sepsis (life-threatening reaction to an infection that causes your immune system to harm healthy tissues and organs. It can develop quickly and lead to organ failure or death without urgent care. Recognizing the symptoms and getting medical help right away could save your life), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), generalized anxiety (excessive, ongoing anxiety and worry that are difficult to control and interfere with day-to-day activities). Record review of Resident #1's admission MDS assessment dated [DATE] revealed she had a BIMS score of 08 indicating moderate cognitive impairment. She required supervision or touching assistance from staff for dressing. Record review of Resident #1's care plan dated 10/09/2025 indicated Resident #1 had a deficit related to self-care. Listed interventions included DRESSING: Assist the resident to choose simple comfortable clothing that enhances the resident's ability to dress self. DRESSING: The resident requires assistance x1 or x2 staff to dress. This may fluctuate with weakness, fatigue, and weight bearing status. Record review of Resident #1's progress notes dated 10/08/2025 - 10/13/2025 indicated there was no note indicating Resident #1's items were inventoried on admission or discharge nor sent with her to the facility she transferred to. Record review of Resident #1's assessments indicated there was no inventory of her items brought with her to the facility. Record review of Resident #1's transfer form dated 10/10/2025 reflected Number 4 on the form indicated no personal belongings were sent with her when she transferred to another facility out of state. During an interview with Resident #1's family member on 04/01/2026 at 9:39 a.m., Resident #1's family member said there were approximately 20 brand new clothing items with tags that were bought for Resident #1's stay at the facility. Resident #1's family member said Resident #1's clothing items were not returned to her nor sent with her when she was transferred to a new facility out of state. During an observation and interview on 04/01/2026 at 12:50 p.m., the laundry room had approximately 200- 300 pieces of resident's clothing with no labeled names throughout the room. During an interview with the Housekeeping Manager, she stated I cannot identify who the no name clothes belong too. Every day I find clothes that do not have any names on them. Right now I have about 300 items without names. I rely on residents names being on their clothes. It is the only way I can return the clothing back. A lot of the no name items were brand new with tags. She said the facility staff inventoried residents' items and then label the clothing. During an interview with the DON (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0557<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>on 04/01/2026 at 1:05 p.m., she said the nurses usually inventoried the residents' items during admission. She said there was no assigned designee that inventoried resident items. She said if a resident's items are not inventoried at admission, then it should be done no later than within 48 hours to ensure all residents items are accounted for. She said residents' clothes were washed all together, and must have their names on their clothes to identify who it belongs too. She said the inventory process was computerized and involved staff listing items under the assessment tab in the computer system the facility used. During an interview with the Administrator on 04/01/2026 at 2:15 p.m., she said the facility was responsible for inventorying residents' personal possessions at admission. She said she encouraged families to label residents' items before admission. She said the facility did not have a designated person for inventorying residents personal possessions. She said the inventory of residents personal possessions began at admission. She said it was her expectation for the inventory personal possessions to start at admission and be completed within 48 hours. She said the potential risk was for items to become misplaced. Record review of the facility's policy titled Resident Personal Belongings dated 12/1/2025 indicated:Policy:It is the policy of this facility to protect the resident's right to possess personal belongings, such as clothing and furnishings, for their use while in the facility. The facility will ensure that personal belongings and/or possessions are rightfully returned to the resident, or to the resident's representative, in the event of the resident's death or discharge from the facility.Policy Explanation and Compliance Guidelines:All resident possessions, regardless of their apparent value to others, will be treated with respect.The facility will support the resident's right to retain and use personal possessions to promote a homelike environment and maintain their independenceAll resident personal items will be inventoried at the time of admission by the social services designee, or another designated staff member and documentation shall be retained in the medical record. Additional possessions brought in during the duration of the individual's stay shall be added to the existing personal belongings inventory listing.The facility will ensure resident belongings are kept in a neat and orderly fashion and maintained in each resident's room.The facility will exercise reasonable care for the protection of the resident's property from loss or theft.</p> |                                                                               |                                                 |