

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30664</p> <p>Based on interview and record review, the facility failed to consult with the resident's physician when there was a need to alter treatment for 2 of 2 residents (Residents #3 and #4) reviewed for notification of changes.</p> <p>The facility failed to ensure the physician was notified of missed initial doses of medication for Resident #3 admitted on [DATE] and Resident #4 on 09/17/24.</p> <p>This failure could place residents at risk of not receiving appropriate medical treatments, which could result in a decline in health.</p> <p>Findings included:</p> <p>1. Record review of a face sheet dated 02/07/25 indicated Resident #3 was an [AGE] year-old female admitted on [DATE].</p> <p>Record review of physician orders for May 2024 indicated Resident #3 had diagnoses including hypothyroidism (condition where the thyroid does not create and release enough thyroid hormone into your bloodstream). An order dated 05/20/24 indicated Resident #3 was to receive Levothyroxine (medication used to replace or provide more thyroid hormone) 175 mcg daily for low thyroid hormone.</p> <p>Record review of the May 2024 MAR indicated on 05/21/24 Resident #3 had not received the morning dose of Levothyroxine.</p> <p>Record review of the Nursing Notes for Resident #3 indicated there was no documentation the physician was notified by the nurse of the Levothyroxine not being administered.</p> <p>2. Record review of a face sheet dated 02/06/25 indicated Resident #4 was an [AGE] year-old female admitted on [DATE].</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of physician orders for September 2024 indicated Resident #4 had diagnoses including methemoglobinemia (a rare blood disorder that affects how red blood cells deliver oxygen throughout your body), hypertension (condition in which the force of the blood against the artery walls is too high), depression (mental illness that negatively affects how you feel, the way you think and how you act), gastro-esophageal reflux disease (GERD (stomach contents leak backward from the stomach into the esophagus (food pipe))). Physician orders also indicated orders dated 09/17/24 for the following medications:</p> <ul style="list-style-type: none"> <li>* Carvedilol 25 mg two times a day for hypertension;</li> <li>* Ferrous Sulfate 325 mg daily for supplementation;</li> <li>* Hydralazine 100 mg two times a day for hypertension;</li> <li>* Montelukast 10 mg daily for allergies;</li> <li>* Nifedipine Extended Release 90 mg daily for hypertension;</li> <li>* Protonix Delayed Release 40 mg daily for GERD; and</li> <li>* Sertraline 150 mg daily for depression.</li> </ul> <p>Record review of the September 2024 MAR indicated on 09/17/24 Resident #3 had not received the morning doses of the following medications:</p> <ul style="list-style-type: none"> <li>* Carvedilol 25 mg;</li> <li>* Ferrous Sulfate 325 mg;</li> <li>* Hydralazine 100 mg;</li> <li>* Montelukast 10 mg;</li> <li>* Nifedipine Extended Release 90 mg;</li> <li>* Protonix Delayed Release 40 mg; and</li> <li>* Sertraline 150 mg.</li> </ul> <p>Record review of the Nursing Notes for Resident #4 entry dated 09/17/24 indicated there was no documentation the physician was notified by the nurse of the Carvedilol 25 mg, Ferrous Sulfate 325 mg, Hydralazine 100 mg, Montelukast 10 mg, Nifedipine Extended Release 90 mg, Protonix Delayed Release 40 mg, and Sertraline 150 mg not being administered.</p> <p>During an interview on 02/05/25 at 03:16 p.m., the DON said she expected staff to notify the physician and the family if a medication was not available to administer to a resident. She said she did not understand why LVN PP and LVN M did not notify the physician about the missed doses of medications. She said the residents could have a decline in health.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/05/25 at 04:33 p.m., LVN PP indicated if a medication was not available to administer to a resident, then the physician was to be notified so orders could be obtained as to what needed to be done. She said she did not remember MA L letting her know about the missed doses.</p> <p>During an interview on 02/06/25 at 04:00 p.m., the RCS said if a medication was not received from the pharmacy and not in the EKit (emergency medication kit) to administer then the nurse should notify the physician to obtain orders.</p> <p>During a phone interview on 02/07/25 at 02:23 p.m., the MD said missing a dose of the medications Resident #3 and #4 missed would not cause any adverse effects but the staff should notify the physician, so they have the chance to provide orders.</p> <p>Record review of the Notification of Changes policy dated 10/24/22 indicated Policy: The purpose of this policy is to ensure the facility promptly informs the resident; consults the resident's physician; and notifies, with his or her authority, the resident's representative when there is a change requiring notification</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25115</p> <p>Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse were reported immediately to the abuse coordinator or HHSC and failed to ensure that all alleged violations involving abuse were reported no later than 2 hours after the allegation was made, if the events that caused the allegation involved abuse or neglect resulting in serious bodily injury, to the State Survey Agency, 2 of 2 residents (Residents #1 and #2) reviewed for reporting allegations of abuse or neglect.</p> <p>1. The SW did not report to Administrator D that Resident #1 made an allegation in approximately October 2024 that CNA A wanted to be intimate with her. The DON did not report to Administrator D that Resident #1 made an allegation in approximately October 2024 that CNA A wanted her to put on her new lipstick and and put it on him (Resident #1 looked toward her private area)</p> <p>2. Administrator C and the DON did not report an allegation of abuse or neglect to HHSC after they were informed Resident #2 indicated CNA B injured his leg during care in November 2024 .</p> <p>An Immediate Jeopardy (IJ) was identified on 02/06/25. The IJ Template was provided to the facility on [DATE] at 11:48 a.m. While the IJ was removed on 02/07/25 at 3:15 p.m., the facility remained out of compliance at a scope of isolated and a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>The failures could place residents at risk of abuse, physical harm, mental anguish, and emotional distress.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's face sheet dated 02/05/25 indicated she was a [AGE] year-old female admitted to the facility on [DATE], and her diagnoses included cerebral infarction (lack of adequate blood supply to brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off), hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body and is usually the result of brain damage) and hemiparesis (one-sided muscle weakness) affecting left non-dominant side, and major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated she was able to make herself understood and understood others, had moderate impaired cognition (BIMS 11), and had verbal behaviors directed at others (behavior of this type occurred 4-6 days but less than daily).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's care plan dated 06/19/24 indicated Resident #1 made false allegations against staff stating, I will get y'all fired and makes false allegations to get things she needs. Interventions included administer medications as ordered, anticipate, and meet Resident #1's needs, provide opportunity for positive interactions, and monitor behavior episodes and attempt to determine underlying cause. Document behavior and potential causes.</p> <p>Record review of TULIP on 02/04/25 indicated there was no facility report for Resident #1's allegation of sexual abuse.</p> <p>2. Record review of Resident #2 face sheet dated 02/05/25 indicated he was a [AGE] year old male, admitted on [DATE] and his diagnoses included traumatic subarachnoid hemorrhage (bleeding in the space below one of the thin layers that covers and protects the brain) with loss of consciousness, bipolar disorder (mental illness that causes clear shifts in a person's mood, energy, activity levels, and concentration), and osteoporosis (condition in which bones become weak and brittle).</p> <p>Record review of Resident #2's quarterly MDS assessment dated [DATE] indicated he was able to make himself understood and understood others, was cognitively intact (BIMS-13), and had no behaviors.</p> <p>Record review of Resident #2's x-ray dated 12/05/24 indicated chronic left femur fracture.</p> <p>Record review of Resident #2's progress note dated 11/27/24, at 12:26 p.m., completed by the DON indicated the DON and Administrator C spoke with Resident #2 on 11/26/24 (specific time not documented). Resident #2 indicated CNA B performed incontinent care and he heard a pop. He said it occurred about 1 week ago. CNA B said she was not assigned to Resident #2. Resident #2 was moved to his current room [ROOM NUMBER]/12/24 and CNA B was not assigned to that room. CNA B stated she and CNA J gave him a shower on Monday (date not documented) with no complaints and CNA B did not hear a pop. Resident #2 stated nothing had happened intentionally.</p> <p>Record review of TULIP on 02/04/25 indicated there was no facility report for Resident #2's allegation of harm.</p> <p>During an interview on 02/04/25 at 11:36 a.m., Resident #2 said CNA B was providing care and he heard a pop. He said CNA B broke his leg, but it was not on purpose. He said CNA B was not mean or rough during care. He said CNA B did not do it on purpose. He said he had pain before and after he heard the pop. He said he received pain medication for his pain.</p> <p>During an interview on 02/04/25 at 1:46 p.m., previous Administrator E said she was no longer employed at the facility by mid-August 2024. She said she was not made aware of any allegations of sexual abuse made by Resident #1 against CNA A.</p> <p>During confidential interview on 02/04/25 at 3:19 p.m., the surveyor was informed Resident #2 said CNA B broke his leg. The surveyor was also informed ADON A said the allegation of harm was investigated and it was not intentional but Resident #2 repeated she broke my leg but not on purpose. CNA B was not suspended, and Resident #2 did not want her providing his care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/04/25 at 4:00 p.m., ADON A said Resident #2 alleged CNA B broke his leg. She said she told Administrator C about Resident #2's allegation that CNA B broke his leg. She said Resident #2 said he did not want CNA B providing his care. She said she thought the allegation was reported to HHS by Administrator C. She said she heard of the allegation of sexual abuse from Resident #1 against CNA A during a morning meeting. She could not recall the date of the meeting. She said Resident #1 was moved to a different hall and room. She said the allegation of sexual abuse was reportable to HHS. She said CNA A was suspended due to Resident #1's allegations. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/04/25 at 4:25 p.m., the DON said an allegation of abuse was not reported to HHS regarding CNA B because Resident #2 said she was not mean or rough and did not mind if CNA B took care of him. She said Resident #1 said she did not like CNA A from a previous facility. She said Resident #1 said CNA A wanted her to put on lipstick and put it on his privates. She said she did not report the allegations because Resident #1 said it happened at another facility. She said CNA A continued to work at the facility until he was terminated on 11/14/24 for insubordination and threatening behavior towards other staff. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/05/25 at 9:24 a.m., CNA B said she and CNA J had bathed Resident #2 in bed as he usually was bathed. She said it was a few days before the DON asked her if Resident #2 complained of pain and she told the DON Resident #2 did not complain of pain. She said she heard Resident #2 said he heard a pop but had told the DON she and CNA J had not done anything, that it had just happened. She said she would have reported immediately to the charge nurse if Resident #2 had complained of pain or if she had heard a pop during care. She said she was never suspended or informed there was an investigation related to Resident #2's injury.</p> <p>During an interview on 02/05/25 at 1:54 p.m., the SW said Resident #1 reported CNA A wanted her to give him oral sex. She said she did not recall what day or time Resident #1 made the allegation. She said she did not document Resident #1's allegation. She said she did not report the allegation to the administrator, DON, or HHS because Resident #1's behaviors included telling lies on staff to get them fired. She said she was trained on abuse, abuse prevention, and reporting allegations. She said she was aware all allegations were reportable to the administrator immediately and to HHS within two hours. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/06/25 at 7:35 a.m., the DON said she could not recall who reported CNA B provided care to Resident #2 and hurt his leg. She said she could not recall the exact words the reporter used or what day the allegation was reported. She said Resident #2 was interviewed on 11/26/24 and he said there was no intentional abuse. She said Resident #2 said he heard a pop during care. She said Resident #2 was diagnosed with a chronic fracture to his femur on 12/05/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 10:20 a.m., Administrator C said he had been employed with the facility for a few days in November 2024, when a staff (he could not recall who the staff was) had reported CNA B had provided care to Resident #2 and caused Resident #2 harm. He said he was not familiar with the residents and asked the DON to accompany him to interview Resident #2. He said Resident #2 said CNA B provided care and he heard a pop. He said Resident #2 did not alleged abuse and denied CNA B had cause him harm intentionally. He said he was aware all allegations of abuse were reportable with two hours to HHS. He said he should have reported the allegation of harm as abuse, suspended CNA B and investigated. He said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/06/25 at 10:55 a.m., LVN J said Resident #1 had reported a male staff had done something to her. She said she could not recall the exact date. She said it was at the end of September 2024 or beginning of October 2024. She said interim Administrator D was dealing with the allegation and it was the reason Resident #1's room was moved to a different hall. LVN J said she was making rounds (she could not recall the date or time) when Resident #2 reported his leg hurt because someone had dropped him. She said she reported the allegation to interim Administrator D. She said she believed the complaint was being addressed.</p> <p>During an interview on 02/06/25 at 12:45 p.m., interim Administrator D said he was not aware of Resident #1's allegation of sexual abuse against CNA A. He said if he were made aware, CNA A would have been immediately suspended and he would have reported to HHS within 2 hours as required. He said he could not recall an allegation Resident #2 reported of a staff breaking his leg during care or being dropped.</p> <p>During an interview on 02/06/25 at 4:18 p.m., CNA A said he was suspended for a day due to allegations of sexual abuse. He said he could not recall the day he was suspended. He said he could not recall which staff advised him of the suspension. He said Resident #1 was moved to a different hall and he was advised to not go in her room or provide her care. He denied the allegation he told Resident #1 to suck his dick. He said Resident #1 had a behavior of telling lies on staff to get them fired when she did not like the staff.</p> <p>During an interview on 02/07/25 at 9:15 a.m., Resident #1 said CNA A wanted her to suck his dick. She said CNA A kept asking her to be intimate. She said he should not have been asking her for sex. She said she told the facility manager about CNA A asking her to have oral sex, but she could not recall his name. She said she could not remember the date she reported the allegation. She said she also reported the allegation to the SW but could not remember her name or when she reported the allegation to the SW. She said she was moved to another room on a different hall. She said she later moved to a different facility and was happy and safe at the new facility.</p> <p>Record review of the facility's Abuse, Neglect, and Exploitation policy dated 08/15/22 indicated: .1. Reporting of all alleged violation to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) withing specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involves abuse or result in serious bodily injury, .B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>This was determined to be an Immediate Jeopardy (IJ) on 02/06/25. The facility's Administrator, the VPO, and the RCS were notified. The Administrator was provided with the IJ template on 02/06/25 at 11:48 a.m.</p> <p>The following POR was accepted on 02/06/25 at 7:43 p.m.:</p> <p>The Administrator C and DON on 11/26/24 spoke to Resident #2 regarding a negative comment about C.N. A. B causing an injury during care of possible abuse or neglect. Resident #2 later assessed to have a femur fracture.</p> <p>Done for those affected:</p> <p>Resident #1 was discharged from the facility on 10/24/2024.</p> <p>An Allegation of Abuse was reported to HHSC for Resident #1 on 2/05/2025.</p> <p>On 2/5/2025, the LBSW Social Worker was suspended pending investigation outcome related to the allegation of sexual abuse for Resident #1.</p> <p>On 2/6/2025, the Director of Nursing was suspended pending investigation outcome related to the allegation of sexual abuse for Resident #1.</p> <p>On 2/5/2025, Resident #2 was interviewed regarding abuse and neglect with no reports and/ or allegations of being abused and/ or neglected.</p> <p>On 2/6/2025, Resident #2 was reassessed head to toe by the License Nurse related to abuse and neglect with no concerns noted.</p> <p>An allegation of abuse was reported to HHSC for Resident #2 on 2/6/2025.</p> <p>On 2/6/2025, the Director of Nursing was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, the Administrator was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, the C.N.A. Resident #2 reported provided care at the time of the incident was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>Identify residents who could be affected:</p> <p>Beginning 2/05/2025, the Administrator and/ or designee completed 100% of interviews of interviewable residents to assess for potential abuse, neglect, mistreatment, and misappropriation. Findings: No additional concerns were identified. Date of completion is 2/06/2025.</p> <p>Beginning 2/05/2025, head-to-toe assessments were completed by the Licensed Nurse on residents with a BIMS below 12 to identify any signs of injuries of unknown source and/ or evidence of abuse, neglect and mistreatment with no concerns identified. Date of completion was 2/06/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Beginning 2/05/2025, the Administrator and/ or designee completed staff interviews with all staff to identify concerns related to abuse, neglect, mistreatment, and misappropriation with no concerns noted. Date of completion was 2/06/2025.</p> <p>On 2/06/2025, the DON/designee reviewed the resident progress notes for the last 30 days to ensure concerns related to abuse, neglect, mistreatment and/ or misappropriation were identified, reported to HHSC and an investigation initiated with appropriate staff suspension. Findings: No additional concerns were identified. Date of completion is 2/06/2025.</p> <p>On 2/06/2025, the DON/ Designee reviewed incident/accidents in the last 30 days to ensure that investigations, timely reporting to HHSC as indicated with appropriate staff suspension, and resident assessments to include head to toe assessments were completed. Findings: No additional concerns were identified. Date of completion is 2/06/2025.</p> <p>On 2/06/2025, the Administrator and/or Designee reviewed resident grievances in the last 30 days to ensure that grievances were investigated and reported timely to HHSC as indicated with appropriate staff suspension(s). Findings: No additional concerns were identified. Date of Completion: 02/06/2025.</p> <p>Systemic Process:</p> <p>On 02/06/2025, the Regional [NAME] President of Operations and Regional Clinical Specialist reeducated the Administrator (Abuse Coordinator) and Director of Nursing on Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as timely initiation of the investigation into the allegation. Reeducation included immediate identification and suspension of all personnel suspected to be involved in the allegation. Date of Completion: 02/06/2025.</p> <p>Beginning 02/05/2025, the Administrator/ DON and/ or designee began reeducation to 100% of facility staff on the following:</p> <p>On Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as resident protection with examples provided. Employees were reeducated on the facility investigation process which includes immediate identification and suspension of all personnel suspected to be involved in the allegation. Facility staff were reeducated the Abuse Coordinator and the Abuse Coordinator's role, as well as the Abuse Coordinator's contact information and where this information is located. Staff were reeducated on notifying the Director of Nursing, their immediate supervisor and/ or regional staff if they are unable to reach the abuse coordinator. Date of Completion: 02/06/2025.</p> <p>Effective 2/05/2025, any facility staff on FMLA, Leave of Absence, non-scheduled workday or PTO will be reeducated by the Administrator and/or designee prior to the start of their next scheduled shift.</p> <p>The facility maintains an onsite Weekend Manager and Nursing Supervisor that conduct rounds and may initiate and address resident incidents and will escalate to the appropriate administrative staff when required. The Administrator who is the Abuse Prevention Coordinator will be immediately notified for any concerns with Abuse, Neglect and Misappropriation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>To monitor, the Administrator and/or designee and Director of Nursing/designee will review the 24-hour report, resident incidents, and grievances in facility Stand-up Morning Meeting, attended Monday-Friday. 24 Hour Report and resident incidents will be reviewed for potential abuse situations and need for reporting as per HHSC guidelines. Review will also include ensuring investigation, resident assessments to include a head-to-toe assessments were completed and provided.</p> <p>The Administrator will monitor to ensure new resident incidents are reviewed daily Monday-Friday to ensure concerns are addressed timely and if necessary, reported per HHSC guidelines, investigation was completed, resident assessments were completed and provided.</p> <p>Administrator/designee will conduct quarterly and as needed on Abuse, Neglect, &amp; Exploitation education to ensure facility staff remains knowledgeable on the identification and reporting of abuse/neglect/exploitation.</p> <p>The facility has the [facility] Ambassador Rounds Program in place where administrative staff is assigned to residents. Staff will round and visit to ensure resident wellness and safety. Findings/ concerns will be reported to the Administrator/ Abuse Coordinator immediately.</p> <p>Monitoring:</p> <p>An AdHoc QAPI was conducted on 2/06/2025, attended by the Administrator, DON, Medical Director, and Regional Clinical Specialist to discuss the Immediate Jeopardy concerning F 609 - Immediate reporting of allegations of abuse, neglect, and exploitation and misappropriation of resident property and develop the above Action Plan.</p> <p>The surveyors monitored the POR on 02/07/25 as followed:</p> <p>During an interview on 02/07/25 at 11:30 a.m., Resident #2 indicated he was not abused and felt safe in the facility. He said he would report all abuse to the charge nurse and the Administrator.</p> <p>During interviews on 02/07/25 from 8:30 a.m. - 2:30 p.m. Administrator C, 2 ADONs (ADON F and ADON G), 11 CNAs (CNA B, CNA H, CNA J, CNA U, CNA V, CNA W, CNA Y, CNA AA, CNA DD, CNA EE), 5 LVNs ( LVN K, LVN M, LVN N, LVN P, LVN BB), 1 ( LVN/treatment nurse Q), 3 MA (MA L, MA R, MA MM), 1 dietary staff (DM X), 1 housekeeping staff (HSK GG ), 2 activities staff (Activity Director HH and Activity aide JJ , 2 nurse aides (NA S, NA T) and 1 Physical Therapists (PT NN), who represented all shifts (6:00 a.m. -6:00 p.m. , 6:00 p.m. - 6:00 a.m., 6:00 a.m. -2:00 p.m., 2:00 p.m. - 10:00 p.m., 10:00 p.m. - 6:00 a.m.) said they were in-serviced and then given questionnaires to complete to verify their knowledge. All were able to state that their abuse coordinator was the Administrator, and if he was not available, they were to notify the DON. They were all able to give examples of physical, verbal, emotional abuse, and sexual abuse. They were aware of the importance of reporting alleged abuse immediately. They knew where the corporate compliance hotline number was posted and when to contact, as necessary.</p> <p>Interviews conducted on 02/07/25 from 8:00 a.m. - 2:30 p.m. with 9 residents who were alert and oriented (Residents #2, #5, #6, #7, #8, #9, #10, #11, #12) indicated they had no concerns about their safety, about the staff who provided their daily care, or the management at the facility. They would report abuse or neglect to the administrator or the DON.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/07/25 at 7:35 a.m., the DON said she was given one-on-one in-service with the VPO and the RCS regarding reporting alleged abuse allegations to the abuse coordinator immediately (if abuse coordinator was not available or was unreachable, then staff would report to her), the timeliness of reporting alleged abuse to HHSC (within 2 hours of the alleged abuse), keeping residents safe, prevention of abuse, and she was to begin investigating alleged allegations immediately if delegated by the abuse coordinator do so. She said if abuse were reported to her in the absence of the abuse coordinator that she would report the alleged allegation to HHSC within 2 hours of the alleged incident. She said the alleged perpetrator would be suspended immediately and would not be able to return to work until approval was granted.</p> <p>During an interview on 02/07/25 at 2:30 p.m., Administrator C said he was in-serviced one-on-one with the VPO and the RCS regarding the timeliness of reporting alleged abuse to HHSC (within 2 hours of the alleged abuse), keeping residents safe, prevention of abuse, and that he was to begin investigating alleged allegations immediately and if he was not available, he was to delegate investigation responsibilities to the DON and/or management staff. He said the alleged perpetrator would be suspended immediately and would not be able to return to work until approval was granted. The Administrator said 75% of the active employees had been in-serviced and the remaining employees would be in-serviced before the start of their next shift. The Administrator said all new hires would receive training on abuse, neglect, and timely reporting prior to providing any resident care.</p> <p>Record review of Resident #1's closed clinical chart indicated she was discharged from the facility on 10/24/24.</p> <p>Record review of CNA A's personnel file on 02/07/25 indicated he was terminated on 11/14/24 for insubordination and threatening behavior.</p> <p>Record review of TULIP on 02/07/25 indicated an allegation of abuse was reported to HHSC for Resident #1 on 2/05/25.</p> <p>Record review of the the SW's personnel record on 02/07/25 indicated she was suspended as of 02/05/25, pending investigation outcome related to the allegation of sexual abuse for Resident #1. She was terminated on 02/07/25 for failure to report an allegation of sexual abuse.</p> <p>Record review of the DON's personnel file on 02/07/25 indicated she was suspended on 02/06/25 pending investigation outcome related to the allegation of sexual abuse for Resident #1. The DON resigned from the facility effective 02/07/25.</p> <p>Record review of TULIP 02/07/25 indicated an allegation of Resident Neglect was reported to HHSC for Resident #2 on 02/06/25.</p> <p>Record review of the DON's personnel file on 02/07/25 indicated she was suspended on 02/06/25 pending the investigation outcome related to the allegation of abuse for Resident #2.</p> <p>Record review of Administrator C's personnel file on 02/07/25 indicated he was suspended on 02/06/25, pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, CNA B was suspended pending investigation outcome related to the allegation of neglect for Resident #2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of head-to-toe assessments completed by the facility on residents with a BIMS below 12 to identify any signs of injuries of unknown source and/or evidence of abuse, neglect and mistreatment indicated no concerns were identified.</p> <p>Record review of resident progress notes for the last 30 days to ensure concerns related to abuse, neglect, mistreatment and/or misappropriation were identified, reported to HHSC and an investigation initiated with appropriate staff suspension indicated no concerns were identified.</p> <p>Record review of incident/accidents from 01/06/25 -02/06/25 indicated appropriate facility responses and investigations were completed as necessary and no additional concerns were identified related to abuse or neglect.</p> <p>Record review of grievances from 01/06/25-02/06/25, indicated appropriate facility responses and investigations were completed as necessary and no additional concerns were identified related to abuse or neglect.</p> <p>Record review dated 02/06/25, indicated the Regional [NAME] President of Operations and Regional Clinical Specialist reeducated the Administrator (Abuse Coordinator) and Director of Nursing on Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as timely initiation of the investigation into the allegation. Reeducation included immediate identification and suspension of all personnel suspected to be involved in the allegation.</p> <p>Record review dated 02/05/25, 02/06/25 and 02/07/25 indicated 75% of facility staff were re-educated by the Administrator, the DON and/or designee on the following:</p> <p>On Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as resident protection with examples provided. Employees were reeducated on the facility investigation process which includes immediate identification and suspension of all personnel suspected to be involved in the allegation. Facility staff were reeducated the Abuse Coordinator and the Abuse Coordinator's role, as well as the Abuse Coordinator's contact information and where this information is located. Staff were reeducated on notifying the Director of Nursing, their immediate supervisor and/ or regional staff if they are unable to reach the abuse coordinator.</p> <p>Record review of morning meeting minutes, the 24-hour report, and resident incidents dated 02/07/25 indicated there were no additional concerns identified related to abuse or neglect.</p> <p>Record review dated 02/07/25 indicated there were no concerns reported by [facility] Ambassadors.</p> <p>Administrator C, the VPO, and the RCS were informed the Immediate Jeopardy was removed on 02/07/25 at 3:15 p.m. The facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	

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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25115</p> <p>Based on interview and record review, the facility failed to thoroughly investigate and have evidence that all alleged violations were thoroughly investigated and/or prevent further potential abuse for 2 of 2 residents (Residents #1 and #2) reviewed for allegations of abuse or neglect.</p> <p>The facility failed to conduct a thorough investigation when Resident #1 alleged CNA A wanted to be intimate approximately in October 2024.</p> <p>The facility failed to conduct a thorough investigation when an unknown staff alleged CNA B caused Resident #2 injury during care November 26, 2024.</p> <p>An Immediate Jeopardy (IJ) was identified on 02/06/25. The IJ Template was provided to the facility on [DATE] at 11:48 a.m. While the IJ was removed on 02/07/25 at 3:15 p.m., the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>The failures could place residents at risk of abuse, physical harm, mental anguish, and emotional distress.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's face sheet dated 02/05/25 indicated she was a [AGE] year-old female admitted to the facility on [DATE], and her diagnoses included cerebral infarction (lack of adequate blood supply to brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off), hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body and is usually the result of brain damage) and hemiparesis (one-sided muscle weakness) affecting left non-dominant side, and major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated she was able to make herself understood and understood others, had moderate impaired cognition (BIMS 11), had verbal behaviors directed at others (behavior of this type occurred 4-6 days but less than daily).</p> <p>Record review of Resident #1's care plan dated 06/19/24 indicated Resident #1 made false allegations against staff stating, I will get y'all fired and makes false allegations to get things she needs. Interventions included administer medications as ordered, anticipate, and meet Resident #1's needs, provide opportunity for positive interactions, and monitor behavior episodes and attempt to determine underlying cause. Document behavior and potential causes.</p> <p>Record review of TULIP on 02/04/25 indicated there was no facility investigation report for Resident #1's allegation of sexual abuse.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #2's face sheet dated 02/05/25 indicated he was a [AGE] year old male, admitted on [DATE] and his diagnoses included traumatic subarachnoid hemorrhage (bleeding in the space below one of the thin layers that covers and protects the brain) with loss of consciousness, bipolar disorder (mental illness that causes clear shifts in a person's mood, energy, activity levels, and concentration), and osteoporosis (condition in which bones become weak and brittle).</p> <p>Record review of Resident #2's quarterly MDS assessment dated [DATE] indicated he was able to make himself understood and understood others, was cognitively intact (BIMS-13), and had no behaviors.</p> <p>Record review of Resident #2's x-ray dated 12/05/24 indicated chronic left femur fracture.</p> <p>Record review of Resident #2's progress note dated 11/27/24, at 12:26 p.m., completed by the DON indicated the DON and Administrator C spoke with Resident #2 on 11/26/24 (specific time not documented). Resident #2 indicated CNA B performed incontinent care and he heard a pop. He said it occurred about 1 week ago. CNA B said she was not assigned to Resident #2. Resident #2 was moved to his current room [ROOM NUMBER]/12/24 and CNA B was not assigned to that room. CNA B stated she and CNA J gave him a shower on Monday (date not documented) with no complaints and CNA B did not hear a pop. Resident #1 stated nothing had happened intentionally.</p> <p>Record review of TULIP on 02/04/25 indicated there was no facility investigation report for Resident #2's allegation of harm.</p> <p>During an interview on 02/04/25 at 11:36 a.m., Resident #2 said CNA B was providing care and he heard a pop. He said CNA B broke his leg, but it was not on purpose. He said CNA B was not mean or rough during care. He said CNA B did not do it on purpose. He said he had pain before and after he heard the pop. He said he received pain medication for his pain.</p> <p>During confidential interview on 02/04/25 at 3:19 p.m., the surveyor was informed Resident #2 said CNA B broke his leg. The surveyor was also informed ADON A said the allegation of harm was investigated and it was not intentional but Resident #2 repeated she broke my leg but not on purpose. CNA B was not suspended, and Resident #2 did not want her providing his care.</p> <p>During an interview on 02/04/25 at 4:00 p.m., ADON A said Resident #2 alleged CNA B broke his leg. She said she told Administrator C about Resident #2's allegation that CNA B broke his leg. She said Resident #2 said he did not want CNA B providing his care. She said she thought the allegation was reported to HHS by Administrator C. She said she heard of the allegation of sexual abuse from Resident #1 against CNA A during a morning meeting. She could not recall the date of the meeting. She said Resident #1 was moved to a different hall and room. She said the allegation of sexual abuse was reportable to HHS. She said CNA A was suspended due to Resident #1's allegations. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/04/25 at 4:25 p.m., the DON said an allegation of abuse was not reported to HHS regarding CNA B because Resident #2 said she was not mean or rough and did not mind if CNA B took care of him. She said Resident #1 said she did not like CNA A from a previous facility. She said Resident #1 said CNA A wanted her to put on lipstick and put it on his privates. She said she did not report the allegations because Resident #1 said it happened at another facility. She said CNA A continued to work at the facility until he was terminated on 11/14/24 for insubordination and threatening behavior towards other staff. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/05/25 at 9:24 a.m., CNA B said she and CNA J had bathed Resident #2 in bed as he usually was bathed. She said it was a few days before the DON asked her if Resident #2 complained of pain and she told the DON Resident #2 did not complain of pain. She said she heard Resident #2 said he heard a pop but had told the DON she and CNA J had not done anything, that it had just happened. She said she would have reported immediately to the charge nurse if Resident #2 had complained of pain or if she had heard a pop during care. She said she was never suspended or informed there was an investigation related to Resident #2's injury.</p> <p>During an interview on 02/05/25 at 1:54 p.m., the SW said Resident #1 reported CNA wanted her to give him oral sex. She said she did not recall what day or time Resident #1 made the allegation. She said she did not document Resident #1's allegation. She said she did not report the allegation to the administrator, DON, or HHS because Resident #1's behaviors included telling lies on staff to get them fired. She said she was trained on abuse, abuse prevention, and reporting allegations. She said she was aware all allegations were reportable to the administrator immediately and to HHS within two hours. She said all residents were at risk of further abuse when allegations were not reported, and residents were not protected.</p> <p>During an interview on 02/06/25 at 7:35 a.m., the DON said she could not recall who reported CNA B provided care to Resident #2 and hurt his leg. She said she could not recall the exact words the reporter used or what day the allegation was reported. She said Resident #2 was interviewed on 11/26/24 and he said there was no intentional abuse. She said Resident #2 said he heard a pop during care. She said Resident #2 was diagnosed with a chronic fracture to his femur on 12/05/24.</p> <p>During an interview on 02/06/25 at 10:20 a.m., Administrator C said he had been employed with the facility for a few days in November 2024, when a staff (he could not recall who the staff was) had reported CNA B had provided care to Resident #2 and caused Resident #2 harm. He said he was not familiar with the residents and asked the DON to accompany him to interview Resident #2. He said Resident #2 said CNA B provided care and he heard a pop. He said Resident #2 did not alleged abuse and denied CNA B had cause him harm intentionally. He said he was aware all allegations of abuse were reportable with two hours to HHS. He said he should have reported the allegation of harm as abuse, suspended CNA B and investigated.</p> <p>During an interview on 02/06/25 at 10:55 a.m., LVN J said Resident #1 had reported a male staff had done something to her. She said she could not recall the exact date. She said it was at the end of September 2024 or beginning of October 2024. She said interim Administrator D was dealing with the allegation and it was the reason Resident #1's room was moved to a different hall. LVN J said she was making rounds (she could not recall the date or time) when Resident #2 reported his leg hurt because someone had dropped him. She said she reported the allegation to interim Administrator D. She said she believed the complaint was being addressed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/06/25 at 12:45 p.m., interim Administrator D said he was not aware of Resident #1's allegation of sexual abuse against CNA A. He said if he were made aware, CNA A would have been immediately suspended and he would have reported to HHS within 2 hours as required. He said he could not recall an allegation Resident #2 reported of a staff breaking his leg during care.</p> <p>During an interview on 02/06/25 at 4:18 p.m., CNA A said he was suspended for a day due to allegations of sexual abuse. He said he could not recall the day he was suspended. He said he could not recall which staff advised him of the suspension. He said Resident #1 was moved to a different hall and he was advised to not go in her room or provide her care. He denied the allegation he told Resident #1 to suck his dick. He said Resident #1 had a behavior of telling lies on staff to get them fired when she did not like the staff.</p> <p>During interview on 02/07/25 at 9:15 a.m., Resident #1 said CNA A told her he wanted her to suck his dick. She said she told interim Administrator D, the DON, and the SW. She said she moved to another room on another hall. She said it was not right for CNA A to tell her he wanted her to suck his dick. She said she moved from the facility and was happier in the new facility.</p> <p>During an interview on 02/07/25 at 9:15 a.m., Resident #1 said CNA A wanted her to suck his dick. She said CNA A kept asking her to be intimate. She said he should not have been asking her for sex. She said she told the facility manager about CNA A asking her to have oral sex, but she could not recall his name. She said she could not remember the date she reported the allegation. She said she also reported the allegation to the SW but could not remember her name or when she reported the allegation to the SW. She said she was moved to another room on a different hall. She said she later moved to a different facility and was happy and safe at the new facility.</p> <p>Record review of CNA A's employee file indicated there was no suspension August through October 2024 related to the allegations of sexual abuse.</p> <p>Record review of the facility's Abuse, Neglect, and Exploitation policy dated 08/15/22 indicated: .1. Reporting of all alleged violation to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) withing specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involves abuse or result in serious bodily injury, .B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.5. Investigation of Alleged Abuse, Neglect and Exploitation: A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur 6. Protection of Resident: The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 02/06/25. The facility's Administrator, the VPO, and the RCS were notified. The Administrator was provided with the IJ template on 02/06/25 at 11:48 a.m.</p> <p>The following POR was accepted on 02/06/25 at 7:43 p.m.:</p> <p>Done for those affected:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	

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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #1 was discharged from the facility on 10/24/2024.</p> <p>An Allegation of Abuse was reported to HHSC for Resident #1 on 2/05/2025.</p> <p>On 2/5/2025, the Social Worker was suspended pending investigation outcome related to the allegation of sexual abuse for Resident #1.</p> <p>On 2/6/2025, the Director of Nursing was suspended pending investigation outcome related to the allegation of sexual abuse for Resident #1.</p> <p>On 2/5/2025, Resident #2 was interviewed regarding abuse and neglect with no reports and/ or allegations of being abused and/ or neglected.</p> <p>On 2/6/2025, Resident #2 was reassessed head to toe by the License Nurse related to abuse and neglect with no concerns noted.</p> <p>An allegation of abuse was reported to HHSC for Resident #2 on 2/6/2025.</p> <p>On 2/6/2025, the Director of Nursing was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, the Administrator was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, the C.N.A. Resident #2 reported provided care at the time of the incident was suspended pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>Identify residents who could be affected:</p> <p>Beginning 2/05/2025, the Administrator and/ or designee completed 100% of interviews of interviewable residents to assess for potential abuse, neglect, mistreatment, and misappropriation. Findings: No additional concerns were identified. Date of completion was 2/06/2025.</p> <p>Beginning 2/05/2025, head to toe assessments were completed by the Licensed Nurse on residents with a BIMS below 12 to identify any signs of injuries of unknown source and/ or evidence of abuse, neglect and mistreatment with no concerns identified. Date of completion was 2/06/2025.</p> <p>Beginning 2/05/2025, the Administrator and/ or designee completed staff interviews with all staff to identify concerns related to abuse, neglect, mistreatment, and misappropriation with no concerns noted. Date of completion was 2/06/2025.</p> <p>On 2/06/2025, the DON/designee reviewed the resident progress notes for the last 30 days to ensure concerns related to abuse, neglect, mistreatment and/ or misappropriation were identified, reported to HHSC and an investigation initiated with appropriate staff suspension. Findings: No additional concerns were identified. Date of completion was 2/06/2025.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 2/06/2025, the DON/ Designee reviewed incident/accidents in the last 30 days to ensure that investigations, timely reporting to HHSC as indicated with appropriate staff suspension, and resident assessments to include head to toe assessments were completed. Findings: No additional concerns were identified. Date of completion was 2/06/2025.</p> <p>On 2/06/2025, the Administrator and/or Designee reviewed resident grievances in the last 30 days to ensure that grievances were investigated and reported timely to HHSC as indicated with appropriate staff suspension(s). Findings: No additional concerns were identified. Date of completion was 2/06/2025.</p> <p>Systemic Process:</p> <p>On 02/06/2025, the Regional [NAME] President of Operations and Regional Clinical Specialist reeducated the Administrator (Abuse Coordinator) and Director of Nursing on Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as timely initiation of the investigation into the allegation. Reeducation included immediate identification and suspension of all personnel suspected to be involved in the allegation. Date of Completion: 02/06/2025.</p> <p>Beginning 02/05/2025, the Administrator/ DON and/ or designee began reeducation to 100% of facility staff on the following:</p> <p>On Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as resident protection with examples provided. Employees were reeducated on the facility investigation process which includes immediate identification and suspension of all personnel suspected to be involved in the allegation. Date of Completion: 02/06/2025.</p> <p>Effective 2/05/2025, any facility staff on FMLA, Leave of Absence, non-scheduled workday or PTO will be reeducated by the Administrator and/or designee prior to the start of their next scheduled shift.</p> <p>The facility maintains an onsite Weekend Manager and Nursing Supervisor that conduct rounds and may initiate and address resident incidents and will escalate to the appropriate administrative staff when required. The Administrator who is the Abuse Prevention Coordinator will be immediately notified for any concerns with Abuse, Neglect and Misappropriation.</p> <p>To monitor, the Administrator and/ or designee and Director of Nursing/ designee will review the 24-hour report, resident incidents, and grievances in facility Stand-up Morning Meeting, attended Monday - Friday. 24 Hour Report and resident incidents will be reviewed for potential abuse situations and need for reporting as per HHSC guidelines. Review will also include ensuring investigation, resident assessments to include a head to toe assessments were completed and provided.</p> <p>The Administrator will monitor to ensure new resident incidents are reviewed daily Monday-Friday to ensure concerns are addressed timely and if necessary, reported per HHSC guidelines, investigation was completed, resident assessments were completed and provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administrator/designee will conduct quarterly and as needed on Abuse, Neglect, &amp; Exploitation education to ensure facility staff remains knowledgeable on the identification and reporting of abuse/neglect/exploitation.</p> <p>The facility has the [facility] Ambassador Rounds Program in place where administrative staff is assigned to residents. Staff will round and visit to ensure resident wellness and safety. Findings/ concerns will be reported to the Administrator/ Abuse Coordinator immediately.</p> <p>Monitoring:</p> <p>An AdHoc QAPI was conducted on 2/06/2025, attended by the Administrator, DON, Medical Director, and Regional Clinical Specialist to discuss the Immediate Jeopardy concerning F 610 - thoroughly investigate allegations of sexual and physical abuse and implement interventions to prevent the potential for further abuse from occurring while the investigation was in progress and develop the above Action Plan.</p> <p>The surveyors monitored the POR on 02/07/25 as followed:</p> <p>During an interview on 02/07/25 at 11:30 a.m., Resident #2 indicated he was not abused and felt safe in the facility. He said he would report all abuse to the charge nurse and the Administrator.</p> <p>During interviews on 02/07/25 from 8:30 a.m. - 2:30 p.m. Administrator C, 2 ADONs (ADON F and ADON G), 11 CNAs (CNA B, CNA H, CNA J, CNA U, CNA V, CNA W, CNA Y, CNA AA, CNA DD, CNA EE), 5 LVNs ( LVN K, LVN M, LVN N, LVN P, LVN BB), 1 ( LVN/treatment nurse Q), 3 MA (MA L, MA R, MA MM), 1 dietary staff (DM X), 1 housekeeping staff (HSK GG ), 2 activities staff (Activity Director HH and Activity aide JJ , 2 nurse aides (NA S, NA T) and 1 Physical Therapists (PT NN), who represented all shifts (6:00 a.m. -6:00 p.m. , 6:00 p.m. - 6:00 a.m., 6:00 a.m. -2:00 p.m., 2:00 p.m. - 10:00 p.m., 10:00 p.m. - 6:00 a.m.) said they were in-serviced and then given questionnaires to complete to verify their knowledge. All were able to state that their abuse coordinator was the Administrator, and if he was not available, they were to notify the DON. They were all able to give examples of physical, verbal, emotional abuse, and sexual abuse. They were aware of the importance of reporting alleged abuse immediately. They knew where the corporate compliance hotline number was posted and when to contact, as necessary.</p> <p>During interviews on 02/07/25 from 8:00 a.m. - 2:30 p.m. with alert and oriented (Residents #2, #5, #6, #7, #8, #9, #10, #11, #12) indicated they had no concerns about their safety, about the staff who provided their daily care, or the management at the facility. They would report abuse or neglect to the administrator or the DON.</p> <p>During an interview on 02/07/25 at 7:35 a.m., the DON said she was given one-on-one in-service with the VPO and the RCS regarding reporting alleged abuse allegations to the abuse coordinator immediately (if abuse coordinator was not available or was unreachable, then staff would report to her), the timeliness of reporting alleged abuse to HHSC (within 2 hours of the alleged abuse), keeping residents safe, prevention of abuse, and she was to begin investigating alleged allegations immediately if delegated by the abuse coordinator do so. She said if abuse were reported to her in the absence of the abuse coordinator that she would report the alleged allegation to HHSC within 2 hours of the alleged incident. She said the alleged perpetrator would be suspended immediately and would not be able to return to work until approval was granted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/07/25 at 2:30 p.m., Administrator C said he was in-serviced one-on-one with the VPO and the RCS regarding the timeliness of reporting alleged abuse to HHSC (within 2 hours of the alleged abuse), keeping residents safe, prevention of abuse, and that he was to begin investigating alleged allegations immediately and if he was not available, he was to delegate investigation responsibilities to the DON and/or management staff. He said the alleged perpetrator would be suspended immediately and would not be able to return to work until approval was granted. The Administrator said 75% of the active employees had been in-serviced and the remaining employees would be in-serviced before the start of their next shift. The Administrator said all new hires would receive training on abuse, neglect, and timely reporting prior to providing any resident care.</p> <p>Record review of Resident #1's closed clinical chart indicated she was discharged from the facility on 10/24/2024.</p> <p>Record review of CNA A's personnel file indicated he was terminated on 11/14/24 for insubordination and threatening behavior.</p> <p>Record review of TULIP on 02/07/25 indicated an allegation of abuse was reported to HHSC for Resident #1 on 2/05/25.</p> <p>Record review of the the SW's personnel record indicated she was suspended as of 02/05/25, pending investigation outcome related to the allegation of sexual abuse for Resident #1.</p> <p>Record review of the DON's personnel file indicated she was suspended on 02/06/25 pending investigation outcome related to the allegation of sexual abuse for Resident #1. The DON resigned from the facility effective 02/07/25.</p> <p>Record review of TULIP 02/07/25 indicated an allegation of Resident Neglect was reported to HHSC for Resident #2 on 02/06/25.</p> <p>Record review of the DON's personnel file on 02/07/25 indicated she was suspended on 02/06/25 pending the investigation outcome related to the allegation of abuse for Resident #2.</p> <p>Record review of Administrator C's personnel file on 02/07/25 indicated he was suspended on 02/06/25, pending investigation outcome related to the allegation of abuse for Resident #2.</p> <p>On 2/6/2025, CNA B was suspended pending investigation outcome related to the allegation of neglect for Resident #2.</p> <p>Record review of head to toe assessments completed by the facility on residents with a BIMS below 12 to identify any signs of injuries of unknown source and/or evidence of abuse, neglect and mistreatment indicated no concerns were identified.</p> <p>Record review of resident progress notes for the last 30 days to ensure concerns related to abuse, neglect, mistreatment and/or misappropriation were identified, reported to HHSC and an investigation initiated with appropriate staff suspension indicated no concerns were identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of incident/accidents from 01/06/25 -02/06/25 indicated appropriate facility responses and investigations were completed as necessary and no additional concerns were identified related to abuse or neglect.</p> <p>Record review of grievances from 01/06/25-02/06/25, indicated appropriate facility responses and investigations were completed as necessary and no additional concerns were identified related to abuse or neglect.</p> <p>Record review dated 02/06/25, indicated the Regional [NAME] President of Operations and Regional Clinical Specialist reeducated the Administrator (Abuse Coordinator) and Director of Nursing on Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as timely initiation of the investigation into the allegation. Reeducation included immediate identification and suspension of all personnel suspected to be involved in the allegation.</p> <p>Record review dated 02/05/25, 02/06/25 and 02/07/25 indicated 75% of facility staff were re-educated by the Administrator, the DON and/or designee on the following:</p> <p>On Abuse and Neglect and Abuse Policy to include criteria for reporting, timely reporting, and reporting timeframes; as well as resident protection with examples provided. Employees were reeducated on the facility investigation process which includes immediate identification and suspension of all personnel suspected to be involved in the allegation. Facility staff were reeducated the Abuse Coordinator and the Abuse Coordinator's role, as well as the Abuse Coordinator's contact information and where this information is located. Staff were reeducated on notifying the Director of Nursing, their immediate supervisor and/ or regional staff if they are unable to reach the abuse coordinator.</p> <p>Record review of morning meeting minutes, the 24-hour report, and resident incidents dated 02/07/25 indicated there were no additional concerns identified related to abuse or neglect.</p> <p>Record review of monitoring sheets dated 02/07/25 indicated there were no concerns reported by [facility] Ambassadors .</p> <p>Administrator C, the VPO, and the RCS were informed the Immediate Jeopardy was removed on 02/07/25 at 3:15 p.m. The facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy and a scope of pattern due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 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> 30664</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 2 of 2 residents (Residents #3 and #4) reviewed for pharmacy services.</p> <p>The facility failed to ensure initial doses of medications were administered to Resident #3 on 05/21/24 and Resident #4 on 09/17/24.</p> <p>These failures could place residents at risk for not receiving the intended therapeutic response of prescribed medications which could result in diminished health and well-being.</p> <p>Findings included:</p> <p>1. Record review of a face sheet dated 02/07/25 indicated Resident #3 was an [AGE] year-old female admitted on [DATE].</p> <p>Record review of physician orders for May 2024 indicated Resident #3 had diagnoses including hypothyroidism (condition where the thyroid does not create and release enough thyroid hormone into your bloodstream). An order dated 05/20/24 indicated Resident #3 was to receive Levothyroxine (medication used to replace or provide more thyroid hormone) 175 mcg daily for low thyroid hormone.</p> <p>Record review of the May 2024 MAR indicated on 05/21/24 Resident #3 had not received the morning dose of Levothyroxine initialed by LVN RR.</p> <p>Attempts were made during investigation on 02/06/25 and 02/07/25 to contact LVN RR without success.</p> <p>2. Record review of a face sheet dated 02/06/25 indicated Resident #4 was an [AGE] year-old female admitted on [DATE].</p> <p>Record review of physician orders for September 2024 indicated Resident #4 had diagnoses including methemoglobinemia (a rare blood disorder that affects how red blood cells deliver oxygen throughout your body), hypertension (condition in which the force of the blood against the artery walls is too high), depression (mental illness that negatively affects how you feel, the way you think and how you act), gastro-esophageal reflux disease (GERD (stomach contents leak backward from the stomach into the esophagus (food pipe))). Physician orders also indicated orders dated 09/17/24 for the following medications:</p> <ul style="list-style-type: none"> <li>* Carvedilol 25 mg two times a day for hypertension;</li> <li>* Ferrous Sulfate 325 mg daily for supplementation;</li> <li>* Hydralazine 100 mg two times a day for hypertension;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>* Montelukast 10 mg daily for allergies;</li> <li>* Nifedipine Extended Release 90 mg daily for hypertension;</li> <li>* Protonix 40 mg daily for GERD; and</li> <li>* Sertraline 150 mg daily for depression.</li> </ul> <p>Record review of the September 2024 MAR indicated on 09/17/24 Resident #3 had not received the morning doses of the following medications:</p> <ul style="list-style-type: none"> <li>* Carvedilol 25 mg;</li> <li>* Ferrous Sulfate 325 mg;</li> <li>* Hydralazine 100 mg;</li> <li>* Montelukast 10 mg;</li> <li>* Nifedipine Extended Release 90 mg;</li> <li>* Protonix Delayed Release 40 mg; and</li> <li>* Sertraline 150 mg.</li> </ul> <p>These entries were initialed by MA L.</p> <p>Record review of the EKit Medication list provided by the DON on 02/06/25 at 08:46 a.m. indicated the kit contained the following medications:</p> <ul style="list-style-type: none"> <li>* Levothyroxine 100 mcg and 25 mcg;</li> <li>* Carvedilol 12.5 mg;</li> <li>* Hydralazine 25 mg;</li> <li>* Nifedipine Extended Release 30 mg;</li> <li>* Pantoprazole (Protonix) Delayed Release 20 mg; and</li> <li>* Sertraline 25 mg.</li> </ul> <p>During an interview on 02/04/25 at 09:22 a.m. the DON said the medications were ordered from the pharmacy when a resident was admitted . She said if the pharmacy had not delivered the medication when it was due to be administered, facility had an EKit (emergency medication kit) that contained medications. She said the EKit had always been available.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Spindletop Hill Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 S 23rd St Beaumont, TX 77707	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/05/25 at 03:16 p.m. the DON said her expectations were for the nurses to pull medications from the EKit if not available from the pharmacy. She said they also had another pharmacy they could get medications delivered from if needed. She also said Ferrous Sulfate 325mg was an over-the-counter medication they had on the medication carts.</p> <p>During an interview on 02/05/25 at 04:33 p.m. LVN PP indicated if a medication was not available to administer to a resident, they could pull the medication from the EKit if it was in the EKit. She said she did not remember MA L letting her know about the missed doses for Resident #4. She said she was not aware of another pharmacy they could order medications from.</p> <p>During an interview on 02/06/25 at 03:45 p.m. MA L said if a medication was not available to administer to a resident, then the nurse was to be made aware. She said she guessed she just did not let LVN PP know medications were not available for Resident #4 but she did document the medications were not available.</p> <p>During an interview on 02/06/25 at 04:00 p.m. RCS said the facility had a pharmacy they could use to order the medications. She said if the medications were needed and not delivered by the pharmacy or in the EKit then the nurse could have the medications hot shotted from the pharmacy.</p> <p>During a phone interview on 02/07/25 at 02:23 p.m. the MD said if medications were not available from the pharmacy but were available over the counter or in the facility EKit then the medications should be obtained and administered.</p> <p>Record review of the Remote Medication Kit (Emergency Kit) and Controlled (Narcotic) Kits or Safe Policy dated 10/01/19 indicated Policy: An initial or STAT supply of medications for first dose and continued doses until next regular, scheduled delivery, is maintained in the facility in limited quantities by the provider pharmacy in a portable, sealed, containers per state and federal regulations. Procedure: 1. Remote Medication Kits (aka Remote Dispensing Kits) are kept in the medication room in a designated secured location. 2. A list of remote kit contents is posted on the outside of the kit and at other locations at each nursing station so that the information is readily accessible. 3. When a medication is needed, prior to a pharmacy delivery, the nurse breaks the container's seal and removes the prescribed medication</p>		