STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455757	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spindletop Hill Nursing & Rehab Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the resident's goals and preferences for 1 of 4 residents (Resident #1) reviewed for respiratory care. 1. The facility failed to ensure Resident #1's humidifier was not empty.2. The facility failed to ensure the nasal cannula and humidifier were replaced weekly.3. The facility failed to ensure Resident #1's oxygen maintenance requirements for regular replacement of nasal cannulas and humidifiers were documented in Resident #1's orders or care plan. These failures could place residents at risk for dry nasal passages or infection.Findings include: 1. Record review of Resident #1's face sheet, dated 11/06/2025, indicated Resident #1 was an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included hypertension (high blood pressure), dementia (decline in cognitive functioning), and COPD (chronic obstructive pulmonary disease; inflammation and narrowing of the airways leading to breathing difficulties). Record review of Resident #1's Quarterly MDS assessment, dated 10/15/2025, indicated he was understood by others and was able to understand others. Resident #1 had a BIMS score of 03, which indicated he had severe cognitive impairment. Resident #1 received oxygen while a resident in the facility. Record review of Resident #1's Order Summary Report, dated 11/06/2025, indicated may have oxygen at 4 liters per nasal cannula every shift with a start date of 07/11/2025, and check oxygen saturation frequency every shift for hypoxia (inadequate oxygen supply) with a start date of 7/11/2025. There were no other orders related to oxygen administration. Record review of Resident #1's care plan, with a date initiated of 08/20/2025, indicated he had COPD (chronic obstructive pulmonary disease; inflammation and narrowing of the airways leading to breathing difficulties) and should avoid lying flat due to shortness of breath. The goal was for the resident to display optimal breathing patterns daily through the review date. There were no interventions related to regular replacement of the nasal cannula or the humidifier. During an observation and interview on 11/06/2025 at 10:22 AM, revealed Resident #1 was in his bed, and he had oxygen via nasal canula on and running. The nasal cannula and the humidifier were dated 10/26/25. The humidifier was completely empty. Resident #1 was not aware the humidifier was empty and did not know when it was changed or how frequently. He stated he had no issues related to the humidifier being empty and had no complaints regarding oxygen administration. During an interview on 11/06/25 at 12:28 p.m., LVN A stated nasal cannulas were to be changed on the night shift weekly and the humidifiers were to be changed weekly and/or when they were empty. LVN A stated it was the night nurse's responsibility to change the nasal cannulas and the humidifiers weekly, but any nurse could replace them. LVN A stated the failure to replace nasal cannulas and humidifiers could cause infection and failure to replace humidifiers when they were empty could restrict moisture in the tubing and cause the resident to dry up. During an interview on 11/06/25 at 12:37 p.m., ADON B stated nasal cannulas were to be changed weekly and the humidifiers were to be changed weekly and/or when they were empty. ADON B stated it was all the nurses' responsibility to ensure the nasal cannulas were changed weekly and the humidifiers when they were empty. ADON B stated the failure to replace nasal cannulas and humidifiers could be infection and the failure to replace humidifiers when they were empty was it could cause the nasal area to be dry or bleed. During an interview on 11/06/25 at 1:53 p.m., the DON said the nursing staff were responsible for changing the nasal cannulas and the humidifiers every seven days or as needed. She stated, the humidifiers should be dated within 7 day look back. If any humidifiers were empty, they should refill it and date it. The DON stated these failures could cause infection or dry nasal passages. A more specific policy related to oxygen administration was requested multiple times on 11/06/25, the DON stated she did not have another policy to provide except for Oral Inhalation Administration, which also did not provide any related oxygen administration requirements. Record review of the facility's policy titled, Oxygen Safety, revised January 26th, 2024, indicated no related oxygen administration requirements were included in this policy.