

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/29/2026
NAME OF PROVIDER OR SUPPLIER Spindletop Hill Nursing and Rehabilitation 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)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have evidence that all alleged violations were thoroughly investigated and failed to prevent further potential abuse, neglect, exploitation or mistreatment while the investigation was in progress for 1 of 8 residents (Resident #1) reviewed for abuse, neglect and misappropriation. The facility failed to thoroughly investigate and conduct relevant interviews after Resident #1 alleged on 06/24/26 that CNA A stole her money. This failure could place residents at risk of not having allegations of abuse, neglect, exploitation, or misappropriation investigated properly to prevent re-occurrence. Findings included: Record review of Resident #1's face sheet, dated 07/29/26, indicated a 75- year- old female who was admitted to the facility on [DATE]. Her diagnosis included severe bilateral glaucoma (serious eye condition characterized by significant damage to the optic nerve in both eyes, often leading to vision loss). Record review of Resident #1's quarterly MDS assessment, dated 07/01/26, indicated she was able to make herself understood and understood others. She had severely impaired vision. She was cognitively intact with a BIMS-15. Record review of Resident #1's care plan, dated 06/24/26, indicated Resident #1 was at risk of potential psychosocial well-being problem related to missing money. She was angry that someone would take her money without permission. Interventions included a provided lock box and a key. Record review of the facility schedule, dated 06/23/26 at 10:00 p.m. through 06/24/26 at 6:00 a.m., indicated CNA B and LVN E were assigned to work with Resident #1. Record review of the facility investigation, dated 07/01/26, and completed by the Administrator, indicated the incident occurred on 06/23/26 at 11:15 p.m. and was reported to HHSC on 06/24/26 at 5:02 p.m. The AP was identified and confirmed as CNA A. There were no identified witnesses. The allegation was noted on 06/24/26 as Resident #1 stated someone had stolen her money and she thought it was the aide. The Administrator asked when she thought it was stolen and she stated last night. The Administrator asked who and she stated that girl. The Administrator asked who that girl was, and she stated the one who gave her the bath. CNA A was suspended during the investigation. CNA A denied the allegation. The facility investigation did not include interviews and/or statements from the night staff assigned to Resident #1 from 10:00 p.m. on 06/23/26 through 6:00 a.m. on 06/24/26. The facility investigation did not include interviews or statements of other night staff from 10:00 p.m. on 06/23/26 through 6:00 a.m. on 06/24/26. The facility investigation identified Resident #1 was missing \$205. The facility investigation concluded the allegation was unconfirmed. During an interview on 07/28/26 at 11:00 a.m., the Administrator said he was the abuse coordinator and responsible for conducting thorough investigations in the facility. He said Resident #1 reported she was missing money on 06/24/26. He said Resident #1 asked CNA A to put her purse/fanny pack on the seat of the walker. He said it was in the doorway of the shower area and was in view during the shower. He said Resident #1 identified CNA A as the AP. He said CNA A was immediately suspended pending the (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at all times. She said she assisted to search Resident #1's room for the missing wallet and couldn't find the missing wallet or the money. Attempted interview on 07/23/26 at 1:38 p.m. with CNA B (worked from 10:00 p.m. on 06/23/26 through 06/24/26) was unsuccessful. A voicemail message was left. Record review of the facility's Abuse, Neglect, and Exploitation policy dated 07/11/25 indicated . Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. V. 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. B. Written procedures for investigations include: . 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; .6. Providing complete and thorough documentation of the investigation.		