STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food and nutrition services. 1. The facility failed to ensure plastic cups were clean. 2. The facility failed to ensure all items in the freezer were tightly sealed. 3. The facility failed to ensure a worn spatula was discarded. 4. The facility failed to ensure there were no personal items in the refrigerator. 5. The facility failed to ensure the ice machine was clean and not leaking. These failures could place residents who received meals and/or snacks from the kitchen at risk for food contamination and food-borne illness. Findings were: Observation and initial tour of the kitchen on 04/22/26 beginning at 10:20 am revealed 41 of 58 plastic coffee cups on the clean rack were stained, had sediment in them, and scratches on the bottoms and sides. One of them had lipstick on the rim. A 1-gallon bag of frozen fish was not sealed in the freezer. There was a chipped and worn spatula hanging on the clean rack next to new spatulas. There were personal items in a bin in the refrigerator, with the facility's food for residents; 2 packages of meat items were unlabeled and unsealed, and a variety of unlabeled vegetables in a plastic bag, a 32-oz. jar of spaghetti sauce, and a 32 oz. jar of mayonnaise were in the bin. One can of soda and a package of store-bought pie crusts were on the shelf near the bin. There were three, 1 oz. containers with what appeared to be olives and jalapenos that were not sealed tightly, dated, or labeled in the bin. The ice machine was dripping rapidly onto the floor from the outside and inside of the machine. Water dripping from the ice chute (which had a black substance where the drips were falling from onto the ice), around the door, and onto the floor. In an interview with the DM on 04/22/25 beginning at 10:25 am, she said the dishwasher was responsible for making sure the dishes were clean before putting them on the clean rack. She said the cook, and the dietary aides were responsible for properly storing food in the refrigerators, freezers, and storeroom. She said the personal items in the refrigerator were in a bin that belonged to the cook. She said the items should not have been in the refrigerator because the transfer of germs from handling them could cause cross-contamination of the food and make residents sick. She said the cook was the only kitchen employee who had personal food items in the refrigerator. She said staff had in-services on labeling and dating everything in the refrigerator, freezer, and storeroom, as well as personal items. She said the kitchen staff did not have a refrigerator where they could store their items. She said she had verbally informed the MS about the ice machine leaking, but did not put the request in the electronic maintenance request system. (The MS was looking at the ice machine during this surveyor's interview with the DM). She said she thought the ice machine was not level, causing the heavy condensation. She said maintenance was supposed to return and inspect the ice machine again. She said she was not sure how long the ice machine had been leaking. She said the ice machine was dumped and cleaned monthly and wiped down inside and out daily. In an interview with the DW on 04/22/26 at 10:30 am, she said she was responsible for checking the dishes for cleanliness before they were placed on the clean racks. She said she did not know why the cups were dirty now and did not know from whom the lipstick came from that was on one of the cups. She said whatever the stuff was in the cups could make the residents sick, and it was called (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cross-contamination. She said she had been in-serviced and was making sure the dishes were clean for the residents. In an interview with the MS on 04/22/26 at 10:45 am, he said he was not informed about the leaking ice machine. He said he checked it that morning, and it was level. He said he needed to take the machine apart and look closer as to what was causing the heavy condensation. He said he did not know how long the ice machine had been leaking. In an interview with the CK on 04/22/26 at 11:50 am, she said she knew better than to keep her personal food and drink in the resident's refrigerator because she knew about cross-contamination and how it could make residents sick. She said she knew food had to be used or disposed of after 3 days, and that was why all food should be labeled and dated. She said her things were not labeled and dated. She said one of the residents had asked for a pie, so she bought some pie crust from the local store and made a pie. She could not recall how long ago it was or who the resident was. She said she had asked a past administrator for a refrigerator for the kitchen staff (2-3 years ago), but she had not brought it up again. In an interview with the DM on 04/24/25 at 10:25 am, kitchen in-services/training, food storage, and personal items policies were requested, but only food storage was received.Record review of the kitchen daily cleaning lists dated January 1, 2026, to April 23, 2026, revealed all dates were checked, indicating they were done. The cleaning lists included ice machine.Record review of the facility's kitchen policy, revised 06/01/2021, titled Food Storage, stated, To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal, and US Food Codes and HACCP guidelines. Under 2. Refrigerators: 1d. Date, label, and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. References: FDA Food Code 2022 Ch. 2-102.20 Food Protection Manager Certification 2-103 Duties 2-103.11 Person in Charge. The person in charge shall ensure that: (E) .foods are protected from contamination . 2-4 Hygienic Practices 2-401 Food Contamination Prevention 2-401.11 Eating or Drinking: an employee shall eat or drink . only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service and single-use articles; or other items needing protection cannot result. (B) A food employee may drink from a closed beverage container if the container is handled to prevent contamination of: (1) the employee's hands; (2) the container; and (3) Exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. Ch. 3-305 Preventing contamination from the premises 3-305.11 Food Storage (A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination. 4-5 Maintenance and Operation 4-501 Equipment 4-501.11 Good Repair and Proper Adjustment. (A) Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. 4-602 Frequency 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A) Equipment, food-contact surfaces and utensils shall be cleaned: (5) At any time during the operation when contamination may have occurred.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to ensure the residents right to be informed of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers, for 1 of 7 residents (Resident #53) reviewed for resident rights in that: Resident #53 was prescribed and administered aripiprazole (an antipsychotic) without prior consent based on information of the benefits, risks, and options available. This failure could affect the right to self-determination of all facility residents who receive medication by allowing them to receive medication without their prior knowledge or consent, or that of their responsible party or emergency contacts. The findings included: Record review of Resident #53's admission record dated 04/24/2026, revealed an [AGE] year-old female with an initial admission date of 12/20/2022 and a readmission date of 04/14/2026. Resident #53's diagnoses included dementia (an umbrella term for a range of progressive neurological conditions that cause a decline in memory, thinking, reasoning, and behavior, severely enough to interfere with daily life), moderate, with mood disturbance, Alzheimer's Disease (a progressive, irreversible neurodegenerative disease and the most common form of dementia that affects your thinking, behavior and ability to do everyday tasks), generalized anxiety disorder (a mental health condition characterized by persistent, excessive, and uncontrollable worry about every day, routine situations lasting at least six months), and major depressive disorder (a serious mental health condition characterized by persistent sadness, loss of interest, and low energy lasting at least two weeks). Record review of Resident #53's Annual MDS assessment, dated 02/26/2026, revealed a BIMS score of 02, indicating severe cognitive impairment. Record review of Resident #53's care plan, dated 02/17/2026, revealed, FOCUS: [Resident #53] uses antipsychotic medication. Target behavior: aggressive behavior Date Initiated: 04/14/2025 Revision on: 06/03/2025. INTERVENTIONS/TASKS: Discuss side effects/Black Box warning of medications with resident/RP Date Initiated: 11/09/2025 Revision on: 11/09/2025 LN RN. Record review of Resident #53's Physician's orders dated 04/14/2025 revealed, ARIPiprazole Oral Tablet 2 MG. Give 1 tablet by mouth one time a day related to UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION. Record review of Resident #53's medical record did not reveal the consent for the antipsychotic (aripiprazole) order dated 04/14/2025 being signed until 04/21/2025. Record review of Resident #53's April 2025 MAR revealed Resident #53 was administered aripiprazole 2 mg tablet by mouth daily from 04/15/2025 through 04/21/2026. During an interview on 04/24/2026 at 03:06 PM, LVN A stated she would definitely get a signed consent before administering an antipsychotic. She said antipsychotics required a special form that needed an RP's signature. LVN A stated they were regularly in-serviced on antipsychotics. She said they reviewed the steps and processes on antipsychotics and consents. LVN A stated they should never administer an antipsychotic without consent. She said the RP may not want the resident to have the antipsychotic because they may know of past side effects, or they did not want the resident to be given it. During an interview on 04/24/2026 at 03:29 PM, LVN B stated for antipsychotics, there was a special consent form. She said the RP and the doctor had to sign the consent. LVN B stated that the antipsychotic was not given before the consent was signed by the RP and doctor. LVN B stated the negative outcome of giving an antipsychotic without an appropriate indication could be abnormal behaviors, mood, labs, etc. LVN B stated the facility would have in-services on antipsychotics all the time. She said the last time they had that in-service in person (not on the computer) on antipsychotics was about a month ago. She said the in-services on antipsychotics also included getting signatures on the consent form. LVN B stated before she would administer an antipsychotic the first time, she would check that the consent was signed by the doctor and RP. During an interview on 04/24/2026 at 03:48 PM, RN RCS stated that a consent needed to be signed by the family and doctor/provider, and nurse. RN RCS stated the antipsychotic should not be given before the consent was signed unless the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident with Alzheimer's/dementia was admitted with the antipsychotic, and the RP would sign the consent as soon as possible. A record review of the facility's policy Use of Psychotropic Medication(s), dated 03/05/25, revealed, Policy Explanation and Compliance Guidelines: 9.Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase. 10. The resident has the right to accept or decline the initiation or increase of a psychotropic medication. 11.The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc.).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the residents were free from chemical restraints not required to treat the resident's medical symptoms for 1 (Resident #53) of 7 residents reviewed for unnecessary medications. The facility failed to have an adequate indication for the use of the medication aripiprazole (an antipsychotic) for Resident #53 before administering the medication with a black box warning. This failure could put residents at risk of harm from adverse reactions or harmful side effects. The findings included: Record review of Resident #53's admission record dated 04/24/2026, revealed a [AGE] year-old female with an initial admission date of 12/20/2022 and a readmission date of 04/14/2026. Resident #53's diagnoses included dementia (an umbrella term for a range of progressive neurological conditions that cause a decline in memory, thinking, reasoning, and behavior, severely enough to interfere with daily life), moderate, with mood disturbance, Alzheimer's Disease (a progressive, irreversible neurodegenerative disease and the most common form of dementia that affects your thinking, behavior and ability to do everyday tasks), generalized anxiety disorder (a mental health condition characterized by persistent, excessive, and uncontrollable worry about every day, routine situations lasting at least six months), and major depressive disorder (a serious mental health condition characterized by persistent sadness, loss of interest, and low energy lasting at least two weeks). Record review of Resident #53's Annual MDS assessment, dated 02/26/2026, revealed a BIMS score of 02, indicating severe cognitive impairment. Record review of Resident #53's care plan, dated 02/17/26, revealed, FOCUS: [Resident #53] has a behavior problem. She will request food after eating, stating I didn't get any food. She will watch staff assist other residents at meals then request the same assistance, despite being able to eat independently. She will sit on the floor and call for help. Date Initiated: 04/14/2025 Revision on: 04/14/2026. Record review of Resident #53's care plan, dated 02/17/2026, revealed, FOCUS: [Resident #53] uses antipsychotic medication. Target behavior: aggressive behavior Date Initiated: 04/14/2025 Revision on: 06/03/2025. INTERVENTIONS/TASKS: Discuss side effects/Black Box warning of medications with resident/RP Date Initiated: 11/09/2025 Revision on: 11/09/2025 LN RN Keep environment free of clutter and safety hazards Date Initiated: 04/21/2025 Revision on: 11/09/2025 LN RN Monitor behaviors. Notify MD of new or worsening behaviors Date Initiated: 04/21/2025 Revision on: 11/09/2025 LN SS RN. Keep environment free of clutter and safety hazards Date Initiated: 04/21/2025 Revision on: 11/09/2025 LN RN Monitor behaviors. Notify MD of new or worsening behaviors Date Initiated: 04/21/2025 Revision on: 11/09/2025 LN SS RN Monitor vital signs as ordered by MD and PRN Date Initiated: 11/09/2025 LN Monitor/document/report PRN any adverse reactions of antipsychotic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person. Date Initiated: 04/21/2025 LN Observe for adverse side effects of medication. Document and report to physician Date Initiated: 04/21/2025 LN Obtain consent for medication use. Date Initiated: 11/09/2025 LN RN Obtain lab work as ordered and notify MD of results Date Initiated: 11/09/2025 LN Pharmacy consultant to review medications at least monthly Date Initiated: 11/09/2025 LN. Record review of Resident #53's Physician's orders dated 04/14/2025 revealed, ARIPiprazole Oral Tablet 2 MG. Give 1 tablet by mouth one time a day related to UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION. Black Box Warning: Increased mortality in elderly patients with dementia-related psychosis Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Aripiprazole is not approved for the treatment of patients with dementia-related psychosis. Record review of Resident #53's April 2025 MAR through (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	April 2026 MAR revealed Resident #53 was administered aripiprazole 2 mg tablet by mouth daily from 04/15/2025 through 04/24/2026 with the indication of UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION. During an interview on 04/24/2026 at 03:06 PM LVN A stated whoever took the verbal order would put the order in PCC. She said the indication for the medication was given by the doctor, and that was what they would write on the order they filled out on PCC. LVN A stated they were to clarify with the physician any order they needed clarification on. LVN A stated if a doctor gave an order for an antipsychotic with an indication of psychosis, she would not question that even if the resident had a diagnosis of dementia/Alzheimer's. LVN A stated during the in-services they went over appropriate indications for antipsychotics for residents with Alzheimer's/dementia. LVN A stated the negative effect of giving a resident an antipsychotic with an inappropriate indication such as psychosis could be the antipsychotic could cause harm. During an interview on 04/24/2026 at 03:29 PM, LVN B stated that the nurse who took the order was the one who put it in PCC. LVN B stated that when she put the order in PCC, she put it in exactly as the physician gave it. She said they did not change the indication from what the doctor gave. LVN B stated if she saw something that was not right or had questions about the order given, she would call the doctor back and clarify the order. LVN B stated if a doctor gave an order for an antipsychotic for an Alzheimer's/dementia resident with an indication of psychosis, she would ask for clarification. She said she would want to know what the medication was being given because psychosis was a broad term, and it would need to be narrowed. LVN B stated that the negative outcome of giving an antipsychotic without an appropriate indication could be abnormal behaviors, mood, labs, etc. During an interview on 04/24/2026 at 03:48 PM, RN RCS stated that the nurse who received the order from a doctor was the one who put it in PCC. RN RCS stated the nurse would call and clarify an order if in doubt. She said the nurse could also ask the ADON or DON for assistance. RN RCS stated, We don't give antipsychotics to a resident with the diagnosis of Alzheimer's or dementia. She said if she did see that, she would talk to the doctor. RN RCS stated the negative outcome of giving an antipsychotic with an inappropriate indication to a resident with a diagnosis of Alzheimer's/dementia could increase the risk of death per the black box warning and they wanted to ensure the resident with Alzheimer's/dementia was getting the antipsychotic for the right reason. Record review of the facility's Psychotropic Drug Use policy dated 03/05/2025 reflected, Policy: It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience which would deem it a chemical restraint. Definitions Chemical restraint refers to any drug used for discipline or makes it more convenient (i.e., less effort) for staff to care for a resident, and not required to treat medical symptoms. This includes instances when a psychotropic medication may be approved to treat certain symptoms, however, nonpharmacological interventions should be used or attempted, unless clinically contraindicated because they are less dangerous to a resident's health and safety. Policy Explanation and Compliance Guidelines: 1.A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics. 2.Psychotropic medications are to be used only when a practitioner determines that the medication(s) is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication(s) is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to serve foods that were palatable and attractive and prepare food by methods that conserve nutritive value, flavor, and appearance for 1 of 1 kitchens observed. The facility failed to provide each resident with properly prepared food that had the most nutritional value and follow their therapeutic diets.2. The facility failed to provide tasty food served to Residents #1, #12, and #79, and other anonymous complaints made during the resident council meeting who complained the food served did not taste good.This deficient practice could place residents at risk for poor food intake, weight loss, not having their nutritional needs met, and diminished quality of life.Findings were:In an interview with Resident #1 on 04/22/26 at 3:55 pm, she said, I can't eat most of the food because it is too salty. They said I have high blood pressure, but I don't. She said she was on a low salt diet.In an interview with Resident #12 on 04/22/26 at 4:15 pm, she said, The food is too salty. Last night's pinto beans, for example, there is no way I would eat that. She said she was not on any special diet. She said the food had been too salty since she had been at the facility since February 2026.In an interview with Resident #79 on 04/23/26 at 12:30 pm, during lunch, she said, The food is too salty, and I'm not supposed to have salt. She said the food had been salty since her admission to the facility in January, 2026. She said she did not eat everything on her plate because of the salt. She said she had mentioned it to the workers in the dining room, but could not remember any names.During a confidential interview of 6 anonymous residents on 04/23/2026 at 3:00 PM revealed grievance and complaints about the food being too salty. Record review of minutes from last week's resident council meeting held on 04/15/26 revealed a grievance and complaints of salty food.Record review of minutes from the resident council meeting held on 6/8/25 noted salty food and the RD saying it was the third-party contractor.Observation and interviews with the DM, survey team, and the ADM, revealed a test tray was ordered on 04/22/24 at 4:40 pm. A regular, pureed, and no added salt tray was delivered and sampled. The tray consisted of chicken [NAME], cauliflower, macaroni and cheese. The temperatures were pleasant, but all the food was salty to the point of not taking another bite. The DM said she did not think the food was overly salted. The ADM said the food was very salty. The survey team said the food was inedible.In an interview with the RD on 04/23/26 at 12:18 pm, she said she visited the facility once a month and she and/or her co-worker came in once a week. She said she had never tasted the food at this facility. She said she walked through the kitchen for full inspection at the beginning of the month. She said she tasted the food later in the month, and the last time she did was February 3, 2026. Then she said she did not taste the food at that time, but her co-worker did and there was some kind of issue, but she did not know what it was. She said she and her co-workers communicated constantly with each other via email and audits. She said she could not find the email or audit from her co-worker, and she only knew the audit in February scored 91% and it should have been 100%. She said she interviewed the residents for preferences, but her interviews were limited to new admissions, tube feeds, pressure injuries, and weight loss or gain. A second test tray with regular, pureed, and no added salt was obtained and tasted by the RD and the survey team. The food was beef tips with gravy over white rice. All agreed, all components of the food were too salty. She said there were 10 residents with no added salt diets. She said with food that salty, residents with heart problems, high blood pressure, or dehydration could become worse because of water retention, that could lead to high blood pressure, increased strain on the heart and blood vessels, and potential kidney damage. Observation and interviews with the DM, CK, RD, survey team, and the ADM, on 04/23/24 at 12:25 pm, the second test tray was sampled. The ADM said the food was salty and the DM had brought her a small sample to her office that was not salty at all. The CK and DM tasted the food, and the DM said the food was salty. The CK said the food was not too salty for her. The DM and CK said they used a powdered beef base to season most meals. The container of the beef base was obtained and showed on the nutritional facts there was 890 mg (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455974	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockport Nursing and Rehabilitation Center	1902 Fm 3036 Rockport, TX 78382

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Sodium per teaspoon. The CK said she just eyeballed it, did not use a teaspoon, but dumped some out. They both said,When you've been doing this as long as we have, you know how much to use. Observation of the consistency of the powdered beef base was like wet sand and came out of the container in clumps.In an interview with the RD on 04/23/26 at 3:29 pm, she said she spoke with the residents, and would monitor modifications. She said she and the DM would check food preferences and modifications. She said she would make sure the DM would follow the menu and recipes. She said there were no weight gains or losses and all high blood pressure, heart, and residents with edema had no variations in vital signs.In an interview with the ADM on 04/23/26 at 4:00 pm, she said she would get a grievance when resident council had a concern, but did not always get the minutes to the meetings. She stated she was not sure why she did not get the minutes.In an interview with the DM on 04/24/2026 at 8:10 am, she said there had been no product change in the beef base powder. Policies for food storage, menus, and preferences were requested at that time. She said she had never had any complaints about food.A test tray was ordered on 04/24/24 at 12:10 pm. A regular, pureed, and no-added salt tray was delivered and sampled. The tray consisted of mashed potatoes (baked French fries for the regular plate), breaded baked fish, and spinach. The temperatures were pleasant and the food was edible, without overbearing salt.In an interview with Resident #35 on 04/24/26 at 1:45 pm regarding salty food from a grievance she filed on 02/11/26, she said the food had been salty for a while but that day was normal, and she ate all of it.Record review of therapeutic diets and preference cards revealed 14 residents had no added salt diets ordered.Record review of an undated facility diet and liquid conversion guide revealed diets ordered as no added salt (NAS), no salt on table, low sodium, cardiac, heart healthy diet, or low-fat diet would convert to a NAS (no added salt) diet.Record review of an undated facility document titled, Sodium-Controlled Diets revealed: Sodium-controlled diets may be used to manage hypertension in sodium-sensitive individuals, cardiovascular disease, impaired liver, and kidney function and to help promote the loss of excess fluids in patients/residents with edema or ascites. A physician's order is required to serve a salt-substitute to a patient/resident on a sodium-restricted diet.No Added Salt-The No Added Salt Diet is based on the House Diet with the elimination of salt at the table. The goal total sodium content is 3000 to 4000 mg daily. This level of restriction is appropriate in senior dining and long-term care to maintain palatability and encourage consumption to maintain weight or prevent weight loss.2 Gram Sodium-The 2 Gram Sodium Diet is planned with a goal of 2300 mg or less sodium per day. Generally, regular versions of recipes and food items are incorporated into sodium-controlled diets when possible. At times, the menu item does use a salt-free recipe to stay within the stated range of sodium.Most foods should have less than 300mg of sodium per serving.Review of the container of Beef-Based Powder revealed there was 890mg of Sodium in 1 teaspoon.