

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Solidago Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 N Logan St Texas City, TX 77590	

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as 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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate the PASRR assessment for specialized services for 1 of 3 residents (Resident #1) reviewed for PASRR coordination and assessment. The facility failed to submit a NFSS request for nursing facility specialized services in the LTC Online Portal for Resident #1's specialized services by a specific deadline. This failure could place residents with intellectual and developmental disabilities at risk for not receiving specialized PASRR services which could contribute to a decline in physical, mental, psychosocial well-being and quality of life. Finding included: Record review of Resident #1's electronic face sheet dated 07/30/25 reflected he was a [AGE] year-old male, admitted to the facility on [DATE] and readmitted of 12/29/23. His diagnoses included Cerebral palsy, dementia, unspecified severity, psychotic disturbance, mood disturbance, and anxiety, schizoaffective disorder, bipolar disorder (A serious mental illness characterized by extreme mood swings). Essential hypertension (High Blood pressure), Muscle wasting and atrophy, Contracture, right knee, Contracture, left knee, and other lack of coordination., Record review of Resident #1's Annual MDS assessment dated [DATE] reflected Resident #1 was positive for serious mental illness, intellectual disability and other related condition. His cognitive patterns (BIMs) were coded as 9 out of possible 15, which reflected he was moderately impaired on cognition. Record review of Resident #1's care plan updated 05/18/23 with a start date of 05/03/25 reflected Resident #1 has been identified as PASRR Level II related to DX of: ID, Cerebral Palsy and Schizoaffective disorder, and Bipolar type. He will receive additional services through the State PASRR program at this time. Goal Resident will receive all specialized services related to positive PASRR through the next 92 days target date of 05/27/23. Record review of Resident #1's PASRR Comprehensive service plan dated 01/24/25 revealed there was a recommendation for a new custom wheelchair with positioning wedge. All specialized services were agreed on by the IDT team. Review of the Simple LTC-portal history spread sheet dated 04/11/25, reflected the NFSS form was not completed and submitted for customized wheelchair with wedge to PASRR office. During an interview with the MDS coordinator on 07/30/25 at 12:55PM, she said the therapy department usually completed the NFSS form. She said she does not do the NFSS forms. During an interview on 07/30/25 at 1:00PM, the Rehabilitation Director said she submitted the NFSS late because she had hard time getting Resident #1's Physician sign the necessary paperwork. She said the customized wheelchair was provided to Resident #1 about a month ago. She said the NFSS forms had been sent out as requested. She acknowledged that the NFSS was submitted late. During an interview on 07/30/25 at 2:00PM, the Administrator she said she remembered receiving an e-mail for PASRR office but might have overlooked it and would check again. Record review of the facility Provided policy did not address who was responsible for NFSS and time frame for submission. Record review of Facility provided policy titled Social Services, Policies and Procedure: subject: PASARR documentation policy indicated . PASARR CARE PLAN:3. Facility Nursing staff are trained in the roles and responsibilities to ensure the specialized services are provided.4. Referrals/Notification of Significant Change:A. Facility staff will refer Level II residents and residents with newly evident or potentially serious mental disorder, intellectual disability, or a related condition for Level II Resident Review, upon a significant change in status assessment to the local MD or MI agency.5. The facility must notify the state-designated mental health or intellectual disability authority promptly when a resident with MD or ID experiences a significant change in mental or physical status.6. Any resident with newly evident or possible serious mental disorder, ID or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review. Examples of individuals who may not have previously been identified by PASARR to have MD, ID or a related condition include NOTE: this is not an exhaustive list. (RAI Manual) A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder (where dementia is not the primary diagnosis). A resident whose intellectual disability or related condition was not previously identified and evaluated through PASARR. A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.</p>		