STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675214	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Solidago Health and Rehabilitation	1720 N Logan St Texas City, TX 77590

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review the facility failed to ensure residents had the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States for 12 of 12 anonymous residents reviewed for resident rights.The facility failed to provide residents the rights to update their personal information and the opportunity to exercise their rights as citizens of the United States.This failure could place residents at risk of isolation and low self-worth.Findings include:During a group meeting on an undisclosed date and undisclosed time, 12 of 12 anonymous residents complained of not being able to exercise their rights as citizens of the United States during the past primary elections and the next coming elections. The Anonymous residents said they always registered to vote but were not able to vote during the past primary election. All said no one had asked them about updating their voting records. eight Eight of the 12 residents said they had a valid voter's registration but had expired during their stay at the facility because the voter's registration was renewed every 12 months. three of 12 residents said the voting center was across the facility but there was no transportation to take them across the stree .During an interview with the Activity Director on [DATE] at 4:00 PM, she said she was not present at the facility during the last primary election, and she was not aware that residents would like to participate in the upcoming election. She said the discussion had not come up during the resident council meetingsDuring an interview with the Facility Social Worker on [DATE] at 2:00 PM, the Social Worker said the discussion came up with the former Activity Director, but nothing was done about the rights to vote. He said the Activity Director was responsible for following up with residents who were eligible to vote and had the proper documentation.During an interview with the Administrator and the DON on [DATE] at 4:30 PM, the Administrator said voting issues were brought up during the time of the Previous Activity Director. The Administrator said the current Activity Director was new and she would work with the current Activity Director to ensure residents were able to accomplish their interest. The Administrator said not allowing residents to exercise their rights may lead to isolation and low self-esteemRecord review of the facility's policy titled Leadership Policies and Procedures Revised 2017 completed [DATE] revealed-Policy:The Facility's staff will support the patient's/resident's right to participate or decline to participate in social, spiritual, or community activities and groups.Procedures:Facility staff:1. Encourages the patient/resident to choose for their abilities, needs and interest the types of activities and social events that they prefer.2. Develops the patient's/resident's activity and social care plans in order for the patient/resident to have an opportunity to choose when, where, and how he/she participates in activities and social events. Activities, social events, and schedules are developed in conjunction with thepatient's/resident's interests, assessment, and plan of care.3. Posts an activity calendar in a prominent place with specific information regarding the schedule for all activity/ recreation programs.4. Provides a private place for patient/resident meetings and groups.5. Individualizes activities available to patients/residents and provides activities for room boundpatients/residents.6. Encourages patients/residents who wish to meet with, organize, or participate in the activities of social, religious, and other community groups, at or away from 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility, to do so.7. Provides a designated staff person responsible for providing assistance and responding to written Procedures.9. Schedules religious services regularly as part of the activities calendar.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on interviews and record review the facility failed to provide, Comprehensive assessment, care plan and preferences of each resident, an ongoing program to support resident in their choice of activities both facility's sponsored group and individual activities design to meet the interest and support the physical, mental, and psychosocial well-being of each resident, encourage both independent and interaction in the community for 12 of 12 confidential residents reviewed for activities The facility failed to provide activities to meet the residents' needs and interests on Saturdays and Sundays. This failure could place residents at risk for a decline in quality of life, social and mental psychosocial well-being.Findings includeDuring a confidential group interview with 12 alert and oriented residents on undisclosed date and undisclosed time, it was revealed that there were no activities scheduled for Saturdays and Sundays. All agreed bingo was played almost daily, but there were no incentives that motivated going to the bingo games and there were no planned outing activities for the residents. The residents said the reason for not going out of the facility was due to lack of transportation. The group expressed the need to go out to neighborhood stores and community events from time to time and that had not happened. The group anonymously said, that was because they were told that the facility had no transportation to take them out'. Then group also expressed that there were no activities on weekends. All said they would like some types of event\activities that they could do to keep the day going by.During subsequent rounds and interviews, anonymous residents revealed they played bingo sometimes.During an interview with the Activities Director on 04/14/26 at 2:50 PM, the Activity Director said she worked Monday through Friday from 8:00 AM to 4:30 PM. She said she was off on Saturdays and Sundays. The Activity Director saidShe said she did put out things for the residents just in case they needed activities. She said the church groups did visit sometimes and she was new to the facility.During an interview with the facility Administrator on 04/14/26 at 4:30 PM, she said the Activity Director was new to the facility and the facility did not have an activity director for a while. She said her budget was tight for incentives, but the staff did go out of their way to do things for the residents and sometimes get donations from the community. The Administrator said she was working with the Activity Director to improve the activities for the residents. The Administrator said residents had not gone out as a group for a while due to transportation, because the county bus could only take 2 residents on wheelchair and the facility had no transportation. The Administrator said not providing meaningful activities of interest to residents may not stimulate residents and lead to diminished health conditions. She said she would work with the Activity Director and the residents to plan some activities of interest.

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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, interview, and record review, 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 safety. 1. The facility failed to ensure the stove area was cleaned and free of food particles. 2. The facility failed to ensure one deep fryer in the kitchen was kept clean. 3. The facility failed to ensure one of 2 refrigerators in the kitchen was free from expired food products. 4. The facility failed to ensure hot food products were at recommended food temperature These failures could place residents at risk of food-borne illnesses and compromised health conditionsFindings include:Kitchen observation and interviews on 04/14/26 at 8:15AM, revealed- the deep fryers in the kitchen had dark looking grease and brown substances around the deep fryer. Between the deep fryer and the stove were food particles and a dark looking substance. [NAME] A looked at the deep fryer and said the grease was supposed to be changed last week . She said she would change the grease on the deep fryer and clean the kitchen after meal services. She said she was off for the weekend. Observation of one of 2 free standing freezer in the kitchen (vegetables freezers) revealed 2-10-Ibs bag of ready to eat salad in a plastic bag, dated 04/2/26, yellowish looking and saggy. The Dietary Manager looked at the bags and took them out of the refrigerator. The Dietary Manager said he did not check the refrigerator, and the salad was oversight. He looked around the stove and the deep fryer. He said he would have the cooking area cleaned after meal service Observation of lunch meal on 04/15/26 at 12:30 PM revealed lunch was sweet and sour chicken, steamed rice, seasoned carrots and cinnamon apple. The alternate was fried chicken for those who could not eat sweet and sour chicken. The food temperatures were: The sweet and sour chicken was 164- F (degree Fahrenheit), streamed rice was 150 - F, seasoned carrots were 165 F, the Fried chicken was 130 F. when the chicken was cut through, it revealed the chicken had blood. The dietary manager said the chicken was undercooked and took it out of the steam table to reheat. The dietary manager said serving uncooked poultry could lead to food borne illness. During an interview with the Administrator on 04/15/26 at 3:00 PM, she looked at the chicken and closed her eyes. She said the chicken was undercooked. She said undercooked chicken may lead to food poisoning and should not be served. She said she would have in-service with all kitchen staff. During a phone interview with the Regional Dietitian, on 04/17/26 at 11:20 AM, she said all cooked meals should be at a proper temperature from the seam tables. She said cooked poultry should be at least 165 and above . Record review of a sent note from the Cooperate Dietitian revealed The Golden Rule:The USDA emphasizes that meat is safe to eat as long as it has reached the minimum internal temperature (e.g, 165 F for poultry or 145 F. for steaks and roasts). If you've hit those numbers with a food thermometer, that pink shade is just chemistry, not a safety risk.Record review of the facility's policy on kitchen sanitation, dated 10/15/2025, titled Nutrition policies and procedures: revealed Subject: Sanitation & Food Safety, Food and Nutrition ServicesThe DM monitors food safety and sanitation of the Food and Nutrition Department daily. The DM develops, implements, and monitors a cleaning schedule that assigns specific cleaning responsibilities to specific individuals. Cleaning tasks are initiated as they are completed. (Refer to sample cleaning schedule).The Sanitation Review is completed monthly by the Dietitian and weekly by the Administrator. The DM completes as needed for educational purposes. The DM provides a cleaning schedule for each area and piece of equipment in the kitchen.

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure based on the comprehensive assessment of a resident, a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 1 resident (Resident #61) reviewed for pressure ulcer. LVN A failed to cleanse the peri-wound area of stage 4 pressure ulcers for Resident #61. This failure could place residents at risk for infections, delayed healing, and further decrease in quality of life. Findings include: Record review of Resident #61's face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. She had diagnoses which included: intracranial injury with loss of consciousness, cerebrovascular disease (a condition that affects the blood vessels that supplies the brain), Quadriplegia (Paralysis in all four limbs), gastrostomy (feeding tube inserted directly into the stomach allowing for nutrition), tracheostomy (a hole is made in the neck to create a new airway for breathing), muscle wasting, Pressure ulcer of sacrum and right hip. Record review of Resident #61's quarterly MDS, dated [DATE], reflected a BIMS score of zero, which indicated the resident cognition was severely impaired. Section M (Skin Conditions) reflected 2 stage 4 pressure ulcers (most severe pressure ulcer that is a deep wound that extends through all layers of skin and may involve the muscle, tendons, or bone) to right hip and sacrum. Record review of Resident #61's Physician Order, dated 4/6/2026, revealed the following orders description:Daily wound treatment: Clean stage 4 pressure wound to right hip with NS/WC, pat dry, apply collagen sheet pack with half strength Dakin's-soaked gauze and cover with dry dressing daily.Daily wound treatment: Clean stage 4 pressure wound to sacrum with NS/WC pat dry apply collagen sheet pack with a half strength Dakin's-soaked gauze and cover with dry dressings. Record review of Resident #61's Care Plan, dated 10/02/2025, reflected the resident was care planned for risk for pressure injury related to impaired mobility, incontinence, decreased cognition, current pressure injury, and fragile skin. Interventions included following the doctor'swound care orders as needed. Licensed Nurse to complete wound documentation weekly. Minimize skin exposure to moisture from incontinence, perspiration, or wound drainage by cleaning with mild cleansing agents and using skin barrier cream for skin protection. During observation on 4/16/2026 at 10:00 a.m., the wound care nurse (LVN A) was observed performing wound care using aseptic technique. The nurse utilized moistened gauze with wound cleanser to clean the inner aspect of the wound in a circular motion and subsequently used dry gauze to dry the inner wound bed prior to applying Dakin's solution-moistened gauze and a covering dressing. The nurse did not cleanse the peri-wound (surrounding) area of the wound. This practice was observed during treatment of both the stage 4 sacral wound and the stage 4 wound to the right hip, where only the inner wound bed was cleansed and the surrounding peri-wound area was not cleaned prior to application of the dressing. During an interview with LVN A on 4/16/2026 at 12:23 p.m., When asked to describe proper wound care technique, the LVN stated wounds should be cleaned in a circular motion from clean to dirty, inside to outside, identifying the outer area as the peri-wound. She stated she was supposed to clean the inner area of the wound and then the peri wound area. She stated she was not sure if she had cleaned the peri wounds of the pressure ulcer on Resident #61's sacral area and right hip. She stated failure to clean the peri-wound area could result in infection, bacterial contamination, skin breakdown, and delayed wound healing. During an interview with the Facility infection preventionist (LVN C) on 4/16/2026 at 2:10 p.m., she stated while wound care monitoring was not her primary role, she conducted monthly audits in which she observed nursing staff perform wound care to ensure adherence to infection control practices. She stated wounds should be cleaned from the inner wound bed outward to the peri-wound area. She stated wound cleansing should include both the inner wound bed and the peri-wound (surrounding area). She stated failure to cleanse the peri-wound area which could result in infection, worsening of (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the wound, and delayed healing. She stated staff were expected to perform wound care in accordance with professional standards of practice to promote healing and prevent infection.During an interview with the DON on 4/16/2026 at 2:22 p.m., she stated wounds should be cleaned from clean to dirty, beginning at the inner wound bed and moving outward in a circular motion toward the peri-wound area, in accordance with physician orders. She stated the peri-wound (surrounding area) should be included in the cleansing process. The DON stated failure to cleanse the peri-wound area could result in bacterial contamination, infection, worsening of the wound, increased drainage, increased wound size or depth, and delayed healing. During an interview with the ADON on 4/16/2026 at 2:25 p.m., she stated the wound cleansing process may vary depending on the condition of the wound, which included the presence of drainage and severity, such as a stage 4 pressure ulcer. The ADON stated proper wound care included cleansing the inner wound bed and the peri-wound (surrounding area). She stated the risks associated with failing to cleanse the peri-wound area, could result in bacterial contamination, infection, and worsening of the wound. During an interview with the Administrator on 4/16/2026 at 2:45 p.m., she stated although she was not a nurse, the wound care should be performed using clean-to-dirty technique, the inner wound bed should be cleaned first, and then the surrounding area of the wound. She stated the risks associated with failing to cleanse the surrounding area of a wound, could allow germs to remain and spread into the wound, which could result in the wound worsening and delayed healing. Record review of the facility's policy and procedures on Dressing change wound evaluation, revision date 6/1/2015, reflected in part: Pressure ulcers will be evaluated and treated in accordance with professional standards of practice to heal and prevent pressure ulcers.