

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47215</p> <p>Based on interview and record review, the facility failed to ensure residents were free from abuse, neglect, exploitation or mistreatment for 5 of 73 residents (Resident #8, Resident #12, Resident #18, Resident #20, and Resident #30) reviewed for abuse and neglect in that:</p> <p>The facility failed to ensure residents at the facility were provided with hot water and baths/showers for a month, that would allow them to maintain cleanliness and access to activities of daily living. The facility neglected to provide hot water in the facility for over a month. The residents in the building had not had showers in weeks and there was no documentation to show that residents had a bed bath or a shower for the month of September.</p> <p>-The facility neglected to ensure residents at the facility were relieved from filth, and distress.</p> <p>-Resident #8 had cried to staff about her discomfort of not having a bed bath or shower in weeks.</p> <p>-Resident #12 was diagnosed with the need for assistance with personal care. She had a urinary tract infection and had not taken a bed bath or shower in a month.</p> <p>-Resident #18 had been diagnosed with a skin rash and other non-specific skin eruption and had not taken a bed bath or shower in a couple of weeks. She had been identified as having a fish like smell and a urine odor.</p> <p>-Resident #20 developed complications with possible bacteria in her urine during the time she went without a bath and shower. She was hospitalized for two days, 9/6/2024 to 9/8/2024 and was given medication to treat a possible urinary tract infection. She was one of 9 residents at the facility being treated for an UTI.</p> <p>-Resident #30 had a shower in a month and reported his concerns to his family.</p> <p>On 10/15/24 at 3:07 p.m., an Immediate Jeopardy (IJ) was identified. While the IJ was lowered on 10/16/24 at 3:17 p.m., the facility remained out of compliance at a scope of pattern with the potential for more than minimal harm, due to the facility need to evaluate the effectiveness of the corrective systems.</p> <p>(continued on next page)</p>

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: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>This failure affected Residents #8, #12, #18, #20, and #30 and placed an additional 68 residents who were without hot water and showers at risk of skin breakdowns, infections, and illnesses which could cause a decline in health.</p> <p>Findings Include:</p> <p>Record Review of the Facility's Event Summary Report for the Infection Tracker with McGreer's Criteria dated 9/1/2024 to 9/24/2024 revealed 9 residents with urinary tract infections and possible urinary tract infections.</p> <p>Record review of Resident #8's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, anoxic brain damage (occurs when the brain is deprived of oxygen, which can lead to brain cell death), bipolar disorder, anxiety disorder, dysphagia (difficulty swallowing can have causes that aren't due to underlying disease), and oropharyngeal phase (the active phase of swallowing, which is a complex movement that involves moving food from the mouth to the throat and protecting the airway).</p> <p>Record review on Resident #8's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 14 out of 15, indicating she was cognitively intact. Further record review revealed partial/moderate assistance, for toileting hygiene, upper body dressing and lower body dressing. She needed substantial/maximal assistance for shower and bath/self and supervision or touching for oral hygiene and eating. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and set-up or clean up assistance to roll left and right.</p> <p>Record review on of Resident #8's Baseline Plan of Care dated 9/18/2024 revealed she had a urinary tract infection, and the goal was to resolve the infection by 12/18/2024. Her care plan edited on 8/16/2024 revealed she preferred to take a bath/shower once a day on Tuesdays, Thursdays, and Saturdays.</p> <p>Record Review of Resident #8's progress notes dated 09/19/24 revealed, Resident #8's family member called the facility and is upset that there is no hot water. Informed the RP that the water issue is currently being serviced. She said Resident #8 needs a shower. Informed the RP that the resident has refused showers. Staff has tried several offers to do so per the assigned CNA and the charge nurse. The RP requested to then speak to the CNA, to verify whether or not the resident did indeed, refuse her shower. The CNA informed the RP that the resident did refuse her shower.</p> <p>Record Review of Resident #8's progress notes on 09/22/24 Resident: Is being Monitored for an Active Infection. Transmission Based Precautions in Place: Urinary tract Infection: Antibiotic: flagyl/Macrobid.</p> <p>Observation and interview on 09/23/24 at 9:14a.m., with Resident #8 revealed her resting in bed.</p> <p>Observation and interview on 09/23/24 at 3:10p.m., with Resident #8 said she had not had a bath or shower in two weeks. She said she was independent and had been wiping herself off with wet wipes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 9/23/2024 at 5:15p.m., with LVN B, said the residents were refusing showers because they did not want to take cold showers. She said she did not have documentation to show that the residents refused to take a shower. She said she had been off, but on the Wednesday before 9/16/24, the hot water was fine. She said on Monday, 9/16/24, a family member told her Resident #8 had not had a shower and she was crying. She said she told the Administrator at that time, that there was no hot water, and they could not make the water work. She said the Administrator said maintenance was working on it. She said not having hot water in the building could spread germs and if the residents are not taking showers, it can cause skin breakdowns and infections.</p> <p>Observation and interview on 09/24/24 at 10:15a.m., with Resident #8 revealed her in her room and her hair was wet. She said she had a shower this morning, after making a complaint to the surveyors. She said the water was warm.</p> <p>Record review of Resident #12's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, muscle weakness (commonly due to lack of exercise, ageing, muscle injury of pregnancy), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), need for assistance for personal care (bathing, teeth and mouth care, dressing and grooming, toileting, eating, ambulation, etc.), constipation, neuromuscular dysfunction of bladder (a condition that affects the bladder's ability to function properly due to nerve damage in the brain, spinal cord, or nerves).</p> <p>Record review on Resident #12's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She needed partial/moderate assistance with toileting hygiene, upper body, lower body, and personal hygiene. She needed substantial/maximal assistance for shower/bath self and supervision or touching assistance for eating and oral hygiene. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and set-up or clean up assistance to roll left and right.</p> <p>Record review of Resident #12's care plan edited 8/26/24 revealed she preferred to have showers on specific days of the week and her hair washed on Mondays and Fridays. Her care plan also revealed she has pressure sores/skin care, and she has thin and fragile skin.</p> <p>Observation and interview on 9/23/24 at 9:30a.m., with Resident #12 revealed she was in bed awake and alert. She said she did not receive assistance as needed. She said sometimes she did not get help when she needed to be changed. She had her glasses were dirty and stained with brown substances. She said she would spray her glasses from time to time. On her wall it stated she gets up during her shower time, but she said she had not received a shower and had not gotten out of bed for a while.</p> <p>Follow-up interview on 09/23/24 at 1:00p.m., with Resident #12, said she would get up when she had her shower, but she did not want to take a cold shower. She said the last time she took shower was over three weeks ago because there was no hot water.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 9/26/2024 at 3:20p.m., with Resident #12 revealed her lying in bed. She said she felt better because she had received a bath/shower, after the grievances she made to the surveyors about not receiving a bath/shower for a long period of time. She had a neck brace. She had a bed side table over her with a lot of items and a bag of chips. She had straps on both feet. She said when she felt yucky when she did not have a shower for a very long time. She said she needed her nails clipped. She said she complained to many people about the showers.</p> <p>Record review of Resident #18's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, rash and other nonspecific skin eruption, morbid obesity, type 2 diabetes (a long term condition in which the body has trouble controlling blood sugar and using it for energy), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), dry eye syndrome of bilateral lacrimal glands (occurs when the lacrimal glands in the eyes don't produce enough tears), and major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>Record review on Resident #18's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She needed substantial/maximal assistance for toilet transfer, chair/bed to chair transfer, and tub/shower transfer. She required setup or clean-up assistance to roll left and right, and partial/moderate assistance for sit to lying.</p> <p>Record review of Resident #18's care plan edited 7/12/24 revealed she would perform task at her highest practicable level. It revealed the care plan was edited on 9/26/24 under approach and it revealed the resident preferred to take a bath/shower once a day on Mondays, Wednesdays, and Fridays, 6:00p.m.-6:00p.m.</p> <p>Observation and interview on 9/23/2024 at 8:30a.m., with Resident #18 revealed her sitting on an uncovered mattress, that was soiled. Her right and left legs were swollen with red marks on both feet. She had a pile of dirty linen at her bedside. Resident #18's room smelled of urine. There were gnats by her food near the sink area. C-pap mask was hanging on her dresser drawer. She had an electric wheelchair in the corner of the room. There were cases of briefs and nutrient bottles underneath the sink. She said she had not had a bath in several weeks and was told there was an issue with the hot water. She said she was receiving bed baths by staff.</p> <p>Observation and interview on 9/23/2024 at 9:00a.m., with Resident #18 revealed her lying in bed and had a fish and urine odor. She said she had not had a shower in a month.</p> <p>Record review of Resident #20's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, diffuse traumatic brain injury with loss of consciousness of unspecified duration (occurs when the brain is jarred or moves around in the skull, which can happen from a penetrating injury to the skull or other trauma), bipolar disorder, diarrhea (when your stools are loose and watery), and urinary tract infection (an illness in any part of the urinary tract, the system of organs that makes urine).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review on Resident #20's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She required substantial/maximal assistance for toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. She required supervision and touching assistance for oral hygiene and setup or cleanup assistance for eating. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and partial/moderate assistance to roll left and right.</p> <p>Record review of Resident #20's care plan edited on 8/16/24 revealed she preferred to take a bath/shower on Tuesdays, Thursdays, and Saturdays. Her care plan edited on 9/9/24, revealed she had recurring UTI's.</p> <p>Observation and interview on 9/23/2024 at 3:09p.m., with Resident #20 revealed her eating a sandwich while sitting in her wheelchair near the nurse's station. She said she had not showered nor given a bed bath in almost a month. She said she had been having diarrhea for five weeks with no showers. She said she had no deodorant. She said at first, she refused showers because of the frequency of the diarrhea but when she was ready to take a shower she couldn't because there was no hot water in the facility. She said the only time she was cleaned is when they used wipes when changing her briefs.</p> <p>Follow-up observation and interview on 9/24/2024 at 10:45a.m., with Resident #20 revealed her sitting in a wheelchair, attending resident council. She said when she did not receive a bed bath or shower, she smelled a lot and went to the hospital for two days. She said she did not feel good. She said she believed she had E. Coli and bacteria in her urine. She said she was put on antibiotics. She said she believe the antibiotics caused her diarrhea. She said not having a shower while having diarrhea made her feel dirty. She said it did not make her feel good going without a shower for over a month.</p> <p>Record review of Resident #30's Face sheet revealed a [AGE] year-old male who admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses, quadriplegia (a condition that causes a complete or severe loss of motor function in all four limbs), urinary tract infection (an illness in any part of the urinary tract, the system of organs that makes urine), generalized anxiety disorder (severe on going anxiety that interferes with daily activities), gross hematuria (a condition where blood is visible in the urine), need assistance for personal care (bathing, teeth and mouth care, dressing and grooming, toileting, eating, ambulation, etc.), major depressive disorder, and pressure ulcer of sacral region (a wound that forms on the lower back, tailbone, or rear of the body due to prolonged pressure on the area).</p> <p>Record review on Resident #30's Admission MDS assessment dated [DATE], revealed he had a BIMS score of 15 out of 15, indicating he was cognitively intact. He was dependent for toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, and personal hygiene. He required partial/moderate assistance for oral hygiene and eating. He could not walk and used a motorized wheelchair and a mechanical lift for mobility.</p> <p>Record review of Resident #30's care plan edited on 7/29/24 revealed, itching and dry skin to scalp, treatment and dosage: selenium sulfide shampoo. Approach: apply medication as ordered, notify MD if symptoms persist or worsen.</p> <p>Resident #30's care plan edited 9/12/2024 revealed, Recurring UTI's, have a suprapubic catheter. Edited 7/29/24, resolve infections without complications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #30's care plan edited 8/19/2024 revealed, ADL functional/rehab potential, approach: bathing/hygiene amount of assistance: extensive/dependent every shift, 6:00a.m.-6:00p.m. Shift 2, 6:00p.m.-6:00a.m.</p> <p>Observation and interview on 9/25/2024 at 11:40a.m. with Resident #30 revealed him lying in bed watching tv. He was covered in a blanket. He has a catheter bag as well. He said he did not receive showers when there was no hot water. He said he almost got sick from the water being so cold. He said he did not have an issue with a particular staff member regarding showers.</p> <p>Interview on 9/26/2024 at 11:47a.m., with CNA C said she was aware that Resident #30 complained about not having a bath in a month. She said he believed he told his family about it. She said any CNA can give the residents their showers. She said it was the night shift aide that the resident was complaining about, and she is no longer at the facility.</p> <p>Observation on 9/23/2024 at 1:30p.m. revealed there were two shower rooms on hall 100. The water for the shower rooms was turned on for 5 minutes. The water was lukewarm at 80 degrees Fahrenheit-F.</p> <p>Interview on 9/23/2024 at 1:40p.m., with the Maintenance Director, said the issues with the hot water had been going on for almost two months and he had been adjusting the thermostat. He said the water was getting hot randomly on one side of the building at a time until it finally broke. He said the hot water stop working about a week ago.</p> <p>Interview on 9/23/2024 at 1:45p.m., with CNA K, said she was working in central supply. She said she had not given any residents showers that day. She explained how showers were provided to residents. She said the even numbered rooms were Mondays, Wednesdays, and Fridays. She said morning CNAs gives showers to A-bed and evening CNAs gives showers to the B bed on their shower days. She did not answer how long the hot water had been off. She said she did not know. She said she washed her hands with the cold water. She was not able to provide showers sheets or any documentation that showed the residents she was assigned to had been given showers for the month of September.</p> <p>Interview on 9/23/2024 at 2:50p.m., with the facility Administrator and the DON, the Administrator said he first heard of the hot water not working last week. He said it was an ongoing problem for over a month. He said at first, the facility thought it was the thermostat and the Maintenance Director tried adjusting the temperature. He said he thought the thermostat got broken through the back and forth of the adjustment process. He said once he noticed that the hot water was out, he contacted a local company for repair. He provided an invoice dated 09/16/24. The DON said the aides were warming up the water in the microwave to give bed baths to residents. She said she had other things going on at the facility, so she left it up to the charge nurses to make sure the aides were doing their jobs. She said she found out about the water being cold sometime last week. She did not have any documentation showing the CNAs were warming water in the microwaves nor that showers or baths were given to the residents.</p> <p>Observation and interview on 9/23/2024 at 4:00p.m., with the Maintenance Director revealed water temperatures, specifically for hot water temperatures in 10 different rooms, ranging from 73-84 degrees. He said he received a text from the plumber, and they would be at the facility soon.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 9/23/2024 at 4:30p.m., with the Administrator and the Maintenance Director, revealed the Administrator in the laundry room, washing mop heads. The Laundry Supervisor said the laundry had not been done because there was no hot water, and no one had delivered clean clothes to the residents because it would just get dirty and add to the dirty laundry barrels that were already full.</p> <p>Follow-up interview on 9/23/23034 at 4:45 p.m., with Administrator, said he was on medical leave from 8/1/24 to 8/26/24 and after he came back, they had started trying to adjust the water temperatures because one side would be too low, and one side would be too high. He said the thermostat broke after that, and they contacted a plumber. He said he thought maybe it broke from them trying to adjust the temperatures.</p> <p>Interview on 9/24/2024 at 10:50a.m., with CNA J, said he had not given showers to residents for about two weeks but only provided bed baths because the hot water was off. He said he did not know how long the water had been off because the hot water had been on and off at different times. He said he gave bed baths as needed.</p> <p>Interview on 9/25/2024 at 9:48a.m., with the Doctor, said if baths and showers are not given within a month it would not be proper incontinent care for the residents. He said it could cause the residents to have an infection. He said if a resident is having diarrhea and BMs without proper care, it could cause skin problems, irritation, infections, and open sores. He said not cleaning the residents could cause infections especially females. He said not having proper incontinence care could lead to a serious problem. He said it is important for residents to take baths for hygiene and to be clean. He said the Mcgreer criteria follows a specific criterion for urinary tract infections. He said even if they do not meet the criteria, they can still have the infection. He said it could still count it as a urinary tract infection especially if a resident was still complaining of the infection and taking antibiotics.</p> <p>Record review of the facility's policy titled Abuse, Neglect, and Exploitation revised (unknown) read in part . The facility will provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property. The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state. Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff assigned have knowledge of the individual residents' care needs and behavioral symptoms; the identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect. Possible indicators of abuse include, but are not limited to: Failure to provide care needs such as comfort, safety, feeding, bathing, dressing, turning & positioning .</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 10/15/24 at 3:07 PM. The Administrator and DON were notified. The Administrator was provided the Immediate Jeopardy template on 10/15/24 at 3:20 PM.</p> <p>The following Plan of Removal was submitted and accepted on 10/16/24 at 10:52 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Plan of Removal</p> <p>October 16, 2024</p> <p>Submission #3</p> <p>Immediate action:</p> <p>Action: All residents were offered a shower 9/25/2024. All residents were offered showers. All other residents that were interview able were offered and if they refused it was documented in their chart. All residents who were nonverbal/non interview able were offered and given showers with no refusals.</p> <p>Person(s) Responsible: Clinical Staff to include Certified Nurse Aides, Charge Nurses, Assistant Director of Nurses, and Director of Nurses</p> <p>Date: 9/25/2024 by 10PM</p> <p>How the Facility Identified Other Possibly Effected Residents:</p> <p>How the Facility Identified Other Possibly Effected Residents:</p> <p>Action: All interview able residents were interviewed to address who did not receive showers on their scheduled shower days, the interviews included when they last received a shower and if they were experiencing any emotional distress due to not receiving a shower. All residents that were non/verbal or non-interview able were assessed for hygiene and cleanliness and received a shower. Behavior sheets and progress notes were reviewed for all nonverbal residents to determine if there were any signs of emotional distress. All residents were receiving incontinent care as they normally would, with prepackaged wet wipes.</p> <p>Person(s) Responsible: Director of Nursing, Assistant Director of Nursing, and/or Designee.</p> <p>Date: 9/25/2024 by 10PM Date: 9/25/2024 by 10PM</p> <p>Action: All active infections were reviewed on 9/25/2024 by the Director of Nursing. 1 UTI that met McGeer's Criteria and 1 UTI being treated per the direction of the physician (indwelling catheter and colonized), 2 residents out of 72 were being treated for possible urinary tract infections.</p> <p>Person(s) Responsible: Director of Nursing</p> <p>Date: 9/25/2024 by 10PM</p> <p>Measures Put into Place/System Changes to remove the immediacy, and what date these actions occurred:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Action: Plumber Vendor serviced the boiler system on 09/23/24. The boiler was unable to be repaired so he temporarily rerouted the boiler so that the the center was able to continue to reset the boiler to have manageable temperatures to care for the residents. The new hot water system was ordered at this time. The new hot water system was installed and will be completed on 10/16/24.</p> <p>Person(s) Responsible: Administrator</p> <p>Date: 9/23/2024 by 10PM & 10/16/2024 by 12PM</p> <p>Action: All facility laundry was done in house using a laundry sanitation system using chemicals that were effective in cold water and not dependent on hot water. Person(s) Responsible: Administrator</p> <p>Date: 09/23/2024 by 12PM</p> <p>Action: The facility policy/procedure was reviewed for ADL Care and Monitoring and no needed changes were identified</p> <p>Person(s) Responsible: [NAME] President of Clinical Services</p> <p>Date: 10/16/2024 by 12PM</p> <p>Action: Education provided to Nurses & CNAs regarding the policy for ADLs and identifying residents that appear to be unkempt or have odors and actions to take if they note any issues or resident concerns, peri-care, hand hygiene, communication/reporting on maintenance issues, showers/baths & documentation, and abuse & neglect. Education was provided to the Maintenance Director on equipment maintenance and monitoring water temperatures,</p> <p>Person(s) Responsible: Administrator, Director of Nursing, Assistant Director of Nursing, and/or Designee</p> <p>Date: 9/27/2024 by 10PM</p> <p>All identified staff will educated prior to working their next shift, facility is not utilizing temporary staff, and new staff will be educated prior to working their first shift.</p> <p>How the Corrective Actions Will be Monitored, by whom and for how long:</p> <p>Action: Shower/bath assignment sheet is being completed by the CNA and nurses to sign off that showers/baths have indeed been completed. Director of Nursing monitoring shower/bath assignment sheets M-F.</p> <p>Person(s) Responsible: CNAs & Charge Nurses</p> <p>Date: 9/30/2024 by 10PM</p> <p>Action: Water temperature log continued to monitor water temperature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Person(s) Responsible: Maintenance Director and/or Designee</p> <p>Date: 9/25/2024 by 10PM</p> <p>Action: Ad hoc QAPI performed with Medical Director during survey (9/25/2024) & on 10/15/2024 to inform the Medical Director of the water issue, the immediate jeopardy template, and the facility's plan to remove the immediacy.</p> <p>Person(s) Responsible: Administrator and Director of Nursing</p> <p>Date: 10/15/2024 by 3:15PM</p> <p>Surveyor Monitored the plan of removal as follows:</p> <p>On 10/15/2024 12 residents were interviewed from each hall between 11:00am to 12:00pm, about showers/baths and the presence of hot water. All 12 residents verified they are getting baths, and the water has been hot instead of lukewarm.</p> <p>Observation on 10/15/2024 at 12:20 p.m. in Laundry, revealed 1 staff was present. She revealed that she worked at 6:00 a.m. to 2:00 p.m. shift, and another staff member worked 2:00 p.m. to 10:00 p.m. Observation revealed clean clothes were hanging on racks, ready to be distributed to the resident's rooms, and clean linens were stacked on shelves ready to be put in linen closets. There was a clothes rack of unidentified clothing and donated clothes stacked on shelves in the corner. There were two operational washers and two operational dryers.</p> <p>POR Monitoring: 10/16/24</p> <p>Facility POR binder has evidence via census sheet checks that all residents were offered showers on 9/25/24. If resident refused shower, it was documented in the resident's record. CNAs, charge nurses, ADON, DON implemented.</p> <p>***verified by observation, interviews, record reviews 10/16/24.</p> <p>Facility POR binder has evidence via checked census sheet that all interviewable residents were asked when their last shower was, and if they had any emotional distress if shower was missed. Non-interviewable residents were assessed for hygiene and cleanliness and assessed for signs of emotional distress. Completed 9/25/24.</p> <p>***verified by observation, interviews, record reviews 10/16/24.</p> <p>Facility POR binder has evidence that all active infections were reviewed by the DON. One UTI met McGreer's criteria and was treated by MD. Two residents were treated for possible UTI. Completed 9/25/24.</p> <p>*** Verified by observation, interviews, record reviews 10/16/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility POR binder has evidence a plumber serviced the boiler on 9/23/24. The boiler could not be repaired so water was re-routed. A new hot water system was ordered 9/23/24 and will be completed by 10/16/24.</p> <p>**surveyors were in facility on 9/23/24 and can verify the hot water issue on 9/23/24. Surveyors were in facility 10/16/24 and can verify the new boiler installed on that day, and water was hot by the end of the day.</p> <p>Facility POR binder has evidence the laundry was being done by a sanitation system with chemicals effective in cold water.</p> <p>***this was verified by observations and interviews in laundry on 9/23/24 and 10/15/24.</p> <p>Facility POR binder has evidence of ADL policy and procedure</p> <p>Review and education provided to staff on ADL policy. Completed 9/25/24.</p> <p>***interviews with staff on each hall verified in-services on ADL care policy was conducted regularly 10/16/24.</p> <p>Facility POR binder had evidence the Administrator and DON were educated on equipment, water temperatures, neglect on 9/25/24.</p> <p>***verified by interviews 10/16/24.</p> <p>Facility POR binder had evidence nurses, CNA's were educated on ADL policy and identifying residents who appeared unkempt, and reporting issues of care or maintenance issues, on 9/25/24.</p> <p>***verified by interviews with nurses, CNAs 10/16/24.</p> <p>Facility POR binder had evidence the Maintenance Director was educated on equipment, monitoring water temperatures on 9/25/24.</p> <p>***verified by interview with Maint. Director 10/16/24.</p> <p>Facility POR binder has shower/bath assignment sheet for CNAs and nurses to sign off, completed 9/30/24.</p> <p>***verified by interviews with CNAs, nurses 10/16/24.</p> <p>Facility POR binder has water temperature log, completed 9/25/24.</p> <p>***verified by observation, interview 10/16/24.</p> <p>Facility POR binder has evidence of ad HOC QAPI meeting with Medical Director 9/25/24 and 10/15/24 to inform of water issue, IJ template and plan of removal.</p> <p>***verified by interview, documentation.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation, testing of water temperature in shower room on 200 Hall revealed it was lukewarm after running several minutes, and became hot after running 2-3 minutes longer.</p> <p>Per interview with the Administrator, the new boiler is being installed today 10/16/24, and water temperatures may fluctuate, but once it is installed, water temperatures would be stable. This was verified by water temp testing on 10/16/24 at 3:30p.m.</p> <p>The Administrator was informed the Immediate Jeopardy was lowered on 10/16/24 at 3:17 p.m. The facility remained out of compliance at a scope of isolated and severity of no actual harm with potential for more than minimal harm that is not immediate threat, at a scope of pattern due to the facility's need to evaluate the effectiveness of the corrective systems that were put in place.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863</p> <p>Based on interviews and records reviews, the facility failed to develop and implement a baseline care plan for each resident that included the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality of care for 1 (Resident #19) of 8 residents reviewed for base-line care plans.</p> <p>The facility failed to ensure (Resident #19) had a baseline care plan developed within 48-hours after admission with goals, services, and interventions.</p> <p>The failure could place newly admitted residents at risks of not receiving the care and services for health promotion and continuity of care.</p> <p>Findings included:</p> <p>Record review of Resident #19's Face Sheet (undated) revealed, a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included, but not limited to Unspecified fracture to the left femur (broken leg), Diabetes Mellitus(condition when your blood sugar is too high), End Stage Renal Disease (condition in which the kidneys lose ability to remove waste and balance fluids), and Unspecified Systolic Congestive Heart Failure(Heart failure when the heart's left ventricle cannot contract normally, preventing the heart from pumping enough blood to the body).</p> <p>Record review of Resident # 19's clinical records revealed that there was no Care Plan in the facility's electronic health record system.</p> <p>Record review of Resident #19's Admission MDS assessment dated [DATE] revealed a BIMS score of 14 indicating cognitively intact. She required Partial/moderate assistance with personal hygiene and upper body dressing. She required substantial/maximal assistance with sit to lying and lying to sitting on side of bed.</p> <p>Interview on 09/26/2024 at 1:18 PM, the MDS Coordinator/LVN, said it was the responsibility of the admitting nurse to create the Baseline Care Plan. She said she only initiates the comprehensive care plan.</p> <p>Interview on 09/26/2024 at 3:20 PM, the ADON said the Baseline Care Plan should be created by the admitting nurse. She said the base line care plan was not done and only care plan in the Electronic medical record was the comprehensive care plan. She said the purpose of a baseline care plan was to establish care for the resident. She said the risk of not having a baseline care plan was the resident's care was not resident specific or resident centered care.</p> <p>Interview on 09/26/2024 at 3:30 PM, the DON said the purpose of the Baseline Care Plan was to make sure the resident's needs were met. She said that resident's needs are specialized and person/resident centered care. The baseline care plan also mimics the plan of care that the resident's receive, and when the base line care plan was not completed, the resident was not receiving the person-centered care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/26/2024 at 3:41 PM, the Administrator said the Base Line Care Plans were the responsibility of the nursing staff. He said the Base Line Care Plans should be done within 48 hours per CMS policy. He said that having a Baseline Care Plan was a regulation for a reason, and the staff should follow to the policy to initiate and implement person-care when the resident was admitted . He said the risk of not having a Baseline Care Plan was not having continuity of care.</p> <p>Record review of the facility's policy titled, Baseline Care plan, dated 07/2024, read in part . Policy interpretation and implementation:1. Completion and implantation of the comprehensive car plan within forty-eight (48) hours of a resident's admission is intended to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan of delivery of care and services by receiving a written summary of the baseline care plan. 2. To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</p> <p>47215</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services to maintain grooming and personal care for 5 (Resident #8, Resident #12, Resident #18, Resident #20, Resident #30) of 73 residents reviewed for ADL care, in that:</p> <p>The facility failed to ensure residents at the facility were provided with hot water and baths/showers for a month, that would allow them to maintain cleanliness and access to activities of daily living. There had been no hot water in the facility for over a month. The residents in the building had not had showers in weeks and there was no documentation to show that residents had a bed bath or a shower for the month of September.</p> <p>-Resident #8 had cried to staff about her discomfort of not having a bed bath or shower in weeks.</p> <p>-Resident #12 was diagnosed with the need for assistance with personal care. She had a urinary tract infection and had not taken a bed bath or shower in a month.</p> <p>-Resident #18 had been diagnosed with a skin rash and other non-specific skin eruption and had not taken a bed bath or shower in a couple of weeks. She had been identified as having a fish like smell and a urine odor.</p> <p>-Resident #20 developed complications with possible bacteria in her urine during the time she went without a bath and shower. She was hospitalized for two days, 9/6/2024 to 9/8/2024 and was given medication to treat a possible urinary tract infection. She was one of 9 residents at the facility being treated for an UTI.</p> <p>-Resident #30 had a shower in a month and reported his concerns to his family.</p> <p>On 10/15/24 at 3:07 p.m., an Immediate Jeopardy (IJ) was identified. While the IJ was lowered on 10/16/24 at 3:17 p.m., the facility remained out of compliance at a scope of pattern with the potential for more than minimal harm, due to the facility need to evaluate the effectiveness of the corrective systems.</p> <p>This failure affected Residents #8, #12, #18, #20, and #30 and placed an additional 68 residents who were without baths and showers, requiring assistance with incontinent care and personal hygiene, at risk of not receiving assistance with personal care, skin breakdowns, infections, and illnesses which could cause a decline in health.</p> <p>Findings Include:</p> <p>Record Review of the Facility's Event Summary Report for the Infection Tracker with McGreer's Criteria dated 9/1/2024 to 9/24/2024 revealed 9 residents with urinary tract infections and possible urinary tract infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #8's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, anoxic brain damage (occurs when the brain is deprived of oxygen, which can lead to brain cell death), bipolar disorder, anxiety disorder, dysphagia (difficulty swallowing can have causes that aren't due to underlying disease), and oropharyngeal phase (the active phase of swallowing, which is a complex movement that involves moving food from the mouth to the throat and protecting the airway).</p> <p>Record review on Resident #8's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 14 out of 15, indicating she was cognitively intact. Further record review revealed partial/moderate assistance, for toileting hygiene, upper body dressing and lower body dressing. She needed substantial/maximal assistance for shower and bath/self and supervision or touching for oral hygiene and eating. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and set-up or clean up assistance to roll left and right.</p> <p>Record review on of Resident #8's Baseline Plan of Care dated 9/18/2024 revealed she had a urinary tract infection, and the goal was to resolve the infection by 12/18/2024. Her care plan edited on 8/16/2024 revealed she preferred to take a bath/shower once a day on Tuesdays, Thursdays, sand Saturdays.</p> <p>Record Review of Resident #8's progress notes dated 09/19/24 revealed, Resident #8 family member called the facility and is upset that there is no hot water. Informed the RP that the water issue is currently being serviced. She said Resident #8 needs a shower. Informed the RP that the resident has refused showers. Staff has tried several offers to do so per the assigned CNA and the charge nurse. The RP requested to then speak to the CNA, to verify whether or not the resident did indeed, refuse her shower. The CNA informed the RP that the resident did refuse her shower.</p> <p>Record Review of Resident #8's progress notes on 09/22/24 Resident: Is being Monitored for an Active Infection. Transmission Based Precautions in Place: Urinary tract Infection: Antibiotic: flagyl/Macrobid.</p> <p>Observation and interview on 09/23/24 at 9:14a.m., with Resident #8 revealed her resting in bed.</p> <p>Observation and interview on 09/23/24 at 3:10p.m., with Resident #8 said she had not had a bath or shower in two weeks. She said she was independent and had been wiping herself off with wet wipes.</p> <p>Interview on 9/23/2024 at 5:15p.m., with LVN B, said the residents were refusing showers because they did not want to take cold showers. She said she did not have documentation to show that the residents refused to take a shower. She said she had been off, but on the Wednesday before 9/16/24, the hot water was fine. She said on Monday, 9/16/24, a family member told her Resident #8 had not had a shower and she was crying. She said she told the Administrator at that time, that there was no hot water, and they could not make the water work. She said the Administrator said maintenance was working on it. She said not having hot water in the building could spread germs and if the residents are not taking showers, it can cause skin breakdowns and infections.</p> <p>Observation and interview on 09/24/24 at 10:15a.m., with Resident #8 revealed her in her room and her hair was wet. She said she had a shower this morning, after making a complaint to the surveyors. She said the water was warm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #12's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, muscle weakness (commonly due to lack of exercise, ageing, muscle injury of pregnancy), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), need for assistance for personal care (bathing, teeth and mouth care, dressing and grooming, toileting, eating, ambulation, etc.), constipation, neuromuscular dysfunction of bladder (a condition that affects the bladder's ability to function properly due to nerve damage in the brain, spinal cord, or nerves).</p> <p>Record review on Resident #12's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She needed partial/moderate assistance with toileting hygiene, upper body, lower body, and personal hygiene. She needed substantial/maximal assistance for shower/bath self and supervision or touching assistance for eating and oral hygiene. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and set-up or clean up assistance to roll left and right.</p> <p>Record review of Resident #12's care plan edited 8/26/24 revealed she preferred to have showers on specific days of the week and her hair washed on Mondays and Fridays. Her care plan also revealed she has pressure sores/skin care, and she has thin and fragile skin.</p> <p>Observation and interview on 9/23/24 at 9:30a.m., with Resident #12 revealed she was in bed awake and alert. She said she did not receive assistance as needed. She said sometimes she did not get help when she needed to be changed. She had her glasses were dirty and stained with brown substances. She said she would spray her glasses from time to time. On her wall it stated she gets up during her shower time, but she said she had not received a shower and had not gotten out of bed for a while.</p> <p>Follow-up interview on 09/23/24 at 1:00p.m., with Resident #12, said she would get up when she had her shower, but she did not want to take a cold shower. She said the last time she took shower was over three weeks ago because there was no hot water.</p> <p>Observation and interview on 9/26/2024 at 3:20p.m., with Resident #12 revealed her lying in bed. She said she felt better because she had received a bath/shower, after the grievances she made to the surveyors about not receiving a bath/shower for a long period of time. She had a neck brace. She had a bed side table over her with a lot of items and a bag of chips. She had straps on both feet. She said when she felt yucky when she did not have a shower for a very long time. She said she needed her nails clipped. She said she complained to many people about the showers.</p> <p>Record review of Resident #18's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, rash and other nonspecific skin eruption, morbid obesity, type 2 diabetes (a long term condition in which the body has trouble controlling blood sugar and using it for energy), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), dry eye syndrome of bilateral lacrimal glands (occurs when the lacrimal glands in the eyes don't produce enough tears), and major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review on Resident #18's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She needed substantial/maximal assistance for toilet transfer, chair/bed to chair transfer, and tub/shower transfer. She required setup or clean-up assistance to roll left and right, and partial/moderate assistance for sit to lying.</p> <p>Record review of Resident #18's care plan edited 7/12/24 revealed she would perform task at her highest practicable level. It revealed the care plan was edited on 9/26/24 under approach and it revealed the resident preferred to take a bath/shower once a day on Mondays, Wednesdays, and Fridays, 6:00p.m.-6:00p.m.</p> <p>Observation and interview on 9/23/2024 at 8:30a.m., with Resident #18 revealed her sitting on an uncovered mattress, that was soiled. Her right and left legs were swollen with red marks on both feet. She had a pile of dirty linen at bedside. Resident #18's room smelled of urine. There were gnats by her food near the sink area. C-pap mask was hanging on her dresser drawer. She had an electric wheelchair in the corner of the room. There were cases of briefs and nutrient bottles underneath the sink. She said she had not had a bath in several weeks and was told there was an issue with the hot water. She said she was receiving bed baths by staff.</p> <p>Observation and interview on 9/23/2024 at 9:00a.m., with Resident #18 revealed her lying in bed and had a fish and urine odor. She said she had not had a shower in a month.</p> <p>Record review of Resident #20's Face sheet revealed a [AGE] year-old female who admitted to the facility on [DATE] with the following diagnoses, diffuse traumatic brain injury with loss of consciousness of unspecified duration (occurs when the brain is jarred or moves around in the skull, which can happen from a penetrating injury to the skull or other trauma), bipolar disorder, diarrhea (when your stools are loose and watery), and urinary tract infection (an illness in any part of the urinary tract, the system of organs that makes urine).</p> <p>Record review on Resident #20's Admission MDS assessment dated [DATE], revealed she had a BIMS score of 15 out of 15, indicating she was cognitively intact. She required substantial/maximal assistance for toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. She required supervision and touching assistance for oral hygiene and setup or cleanup assistance for eating. She did not walk and used a wheelchair for mobility. She needed substantial/maximal assistance for chair to bed transfer and partial/moderate assistance to roll left and right.</p> <p>Record review of Resident #20's care plan edited on 8/16/24 revealed she preferred to take a bath/shower on Tuesdays, Thursdays, and Saturdays. Her care plan edited on 9/9/24, revealed she had recurring UTI's.</p> <p>Observation and interview on 9/23/2024 at 3:09p.m., with Resident #20 revealed her eating a sandwich while sitting in her wheelchair near the nurse's station. She said she had not showered nor given a bed bath in almost a month. She said she had been having diarrhea for five weeks with no showers. She said she had no deodorant. She said at first, she refused showers because of the frequency of the diarrhea but when she was ready to take a shower she couldn't because there was no hot water in the facility. She said the only time she was cleaned is when they used wipes when changing her briefs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Follow-up observation and interview on 9/24/2024 at 10:45a.m., with Resident #20 revealed her sitting in a wheelchair, attending resident council. She said when she did not receive a bed bath or shower, she smelled a lot and went to the hospital for two days. She said she did not feel good. She said she believed she had E. Coli and bacteria in her urine. She said she was put on antibiotics. She said she believe the antibiotics caused her diarrhea. She said not having a shower while having diarrhea made her feel dirty. She said it did not make her feel good going without a shower for over a month.</p> <p>Record review of Resident #30's Face sheet revealed a [AGE] year-old male who admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses, quadriplegia (a condition that causes a complete or severe loss of motor function in all four limbs), urinary tract infection (an illness in any part of the urinary tract, the system of organs that makes urine), generalized anxiety disorder (severe on going anxiety that interferes with daily activities), gross hematuria (a condition where blood is visible in the urine), need assistance for personal care (bathing, teeth and mouth care, dressing and grooming, toileting, eating, ambulation, etc.), major depressive disorder, and pressure ulcer of sacral region (a wound that forms on the lower back, tailbone, or rear of the body due to prolonged pressure on the area).</p> <p>Record review on Resident #30's Admission MDS assessment dated [DATE], revealed he had a BIMS score of 15 out of 15, indicating he was cognitively intact. He was dependent for toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, and personal hygiene. He required partial/moderate assistance for oral hygiene and eating. He could not walk and used a motorized wheelchair and a mechanical lift for mobility.</p> <p>Record review of Resident #30's care plan edited on 7/29/24 revealed, itching and dry skin to scalp, treatment and dosage: selenium sulfide shampoo. Approach: apply medication as ordered, notify MD if symptoms persist or worsen.</p> <p>Resident #30's care plan edited 9/12/2024 revealed, Recurring UTI's, have a suprapubic catheter. Edited 7/29/24, resolve infections without complications.</p> <p>Resident #30's care plan edited 8/19/2024 revealed, ADL functional/rehab potential, approach: bathing/hygiene amount of assistance: extensive/dependent every shift, 6:00a.m.-6:00p.m. Shift 2, 6:00p.m.-6:00a.m.</p> <p>Observation and interview on 9/25/2024 at 11:40a.m. with Resident #30 revealed him lying in bed watching tv. He was covered in a blanket. He has a catheter bag as well. He said he did not receive showers when there was no hot water. He said he almost got sick from the water being so cold. He said he did not have an issue with a particular staff member regarding showers.</p> <p>Interview on 9/26/2024 at 11:47a.m., with CNA C said she was aware that Resident #30 complained about not having a bath in a month. She said he believed he told his family about it. She said any CNA can give the residents their showers. She said it was the night shift aide that the resident was complaining about, and she is no longer at the facility.</p> <p>Observation on 9/23/2024 at 1:30p.m. revealed there were two shower rooms on hall 100. The water for the shower rooms was turned on for 5 minutes. The water was lukewarm at 80 degrees Fahrenheit-F.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 9/23/2024 at 1:40p.m., with the Maintenance Director, said the issues with the hot water had been going on for almost two months and he had been adjusting the thermostat. He said the water was getting hot randomly on one side of the building at a time until it finally broke. He said the hot water stop working about a week ago.</p> <p>Interview on 9/23/2024 at 1:45p.m., with CNA K, said she was working in central supply. She said she had not given any residents showers. She explained how showers were provided to residents. She said the even numbered rooms were Mondays, Wednesdays, and Fridays. She said morning CNAs gives showers to A-bed and evening CNAs gives showers to the B bed on their shower days. She did not answer how long the hot water had been off. She said she did not know. She said she washed her hands with the cold water. She was not able to provide showers sheets or any documentation that showed the residents she was assigned to had been given showers for the month of September.</p> <p>Interview on 9/23/2024 at 2:50p.m., with the facility Administrator and the DON, the Administrator said he first heard of the hot water not working last week. He said it was an ongoing problem for over a month. He said at first, the facility thought it was the thermostat and the Maintenance Director tried adjusting the temperature. He said he thought the thermostat got broken through the back and forth of the adjustment process. He said once he noticed that the hot water was out, he contacted a local company for repair. He provided an invoice dated 09/16/24. The DON said the aides were warming up the water in the microwave to give bed baths to residents. She said she had other things going on at the facility, so she left it up to the charge nurses to make sure the aides were doing their jobs. She said she found out about the water being cold sometime last week. She did not have any documentation showing the CNAs were warming water in the microwaves nor that showers or baths were given to the residents.</p> <p>Observation and interview on 9/23/2024 at 4:00p.m., with the Maintenance Director revealed water temperatures, specifically for hot water temperatures in 10 different rooms, ranging from 73-84 degrees. He said he received a text from the plumber, and they would be at the facility soon.</p> <p>Interview on 9/24/2024 at 10:50a.m., with CNA J, said he had not given showers to residents for about two weeks but only provided bed baths because the hot water was off. He said he did not know how long the water had been off because the hot water had been on and off at different times. He said he gave bed baths as needed.</p> <p>Interview on 9/25/2024 at 9:48a.m., with the Doctor, said if baths and showers are not given within a month it would not be proper incontinent care for the residents. He said it could cause the residents to have an infection. He said if a resident is having diarrhea and BMs without proper care, it could cause skin problems, irritation, infections, and open sores. He said not cleaning the residents could cause infections especially females. He said not having proper incontinence care could lead to a serious problem. He said it is important for residents to take baths for hygiene and to be clean. He said the Mcgreer criteria follows a specific criterion for urinary tract infections. He said even if they do not meet the criteria, they can still have the infection. He said it could still count it as a urinary tract infection especially if a resident was still complaining of the infection and taking antibiotics.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's policy titled Activities of Daily Living (ADLs), Supporting revised (3/2018) read in part . Residents will provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: Hygiene (bathing, dressing, grooming, and oral care); Mobility (transfer and ambulation, including walking); Elimination (toileting); Dining (meals and snacks); and Communication (speech, language, and any functional communication systems). Care and services to prevent and/or minimize functional decline will include appropriate pain management, as well as treatment for depression and symptoms of depression. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the Assessment Reference Date (ARD) and the following MDS definitions: Independent - Resident completed activity with no help or staff oversight at any time during the last 7 days. Supervision - Oversight, encouragement or cueing provided 3 or more times during the last 7 days. Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days. Extensive Assistance - While resident performed part of activity over the last 7 days, staff provided weight-bearing support. Total Dependence - Full staff performance of an with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period .</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 10/15/24 at 3:07 PM. The Administrator and DON were notified. The Administrator was provided the Immediate Jeopardy template on 10/15/24 at 3:20 PM.</p> <p>The following Plan of Removal was submitted and accepted on 10/16/24 at 10:52 AM.</p> <p>Plan of Removal</p> <p>October 16, 2024</p> <p>Submission #3</p> <p>Immediate action:</p> <p>Action: All residents were offered a shower 9/25/2024. All residents were offered showers. All other residents that were interview able were offered and if they refused it was documented in their chart. All residents who were nonverbal/non interview able were offered and given showers with no refusals.</p> <p>Person(s) Responsible: Clinical Staff to include Certified Nurse Aides, Charge Nurses, Assistant Director of Nurses, and Director of Nurses</p> <p>Date: 9/25/2024 by 10PM</p> <p>How the Facility Identified Other Possibly Effected Residents:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o How the Facility Identified Other Possibly Effected Residents:</p> <p>Action: All interview able residents were interviewed to address who did not receive showers on their scheduled shower days, the interviews included when they last received a shower and if they were experiencing any emotional distress due to not receiving a shower. All residents that were non/verbal or non-interview able were assessed for hygiene and cleanliness and received a shower. Behavior sheets and progress notes were reviewed for all nonverbal residents to determine if there were any signs of emotional distress. All residents were receiving incontinent care as they normally would, with prepackaged wet wipes.</p> <p>Person(s) Responsible: Director of Nursing, Assistant Director of Nursing, and/or Designee.</p> <p>Date: 9/25/2024 by 10PM Date: 9/25/2024 by 10PM</p> <p>o Action: All active infections were reviewed on 9/25/2024 by the Director of Nursing. 1 UTI that met McGeer's Criteria and 1 UTI being treated per the direction of the physician (indwelling catheter and colonized), 2 residents out of 72 were being treated for possible urinary tract infections.</p> <p>Person(s) Responsible: Director of Nursing</p> <p>Date: 9/25/2024 by 10PM</p> <p>Measures Put into Place/System Changes to remove the immediacy, and what date these actions occurred:</p> <p>o Action: Plumber Vendor serviced the boiler system on 09/23/24. The boiler was unable to be repaired so he temporarily rerouted the boiler so that the the center was able to continue to reset the boiler to have manageable temperatures to care for the residents. The new hot water system was ordered at this time. The new hot water system was installed and will be completed on 10/16/24.</p> <p>Person(s) Responsible: Administrator</p> <p>Date: 9/23/2024 by 10PM & 10/16/2024 by 12PM</p> <p>o Action: All facility laundry was done in house using a laundry sanitation system using chemicals that were effective in cold water and not dependent on hot water. Person(s) Responsible: Administrator</p> <p>Date: 09/23/2024 by 12PM</p> <p>o Action: The facility policy/procedure was reviewed for ADL Care and Monitoring and no needed changes were identified</p> <p>Person(s) Responsible: [NAME] President of Clinical Services</p> <p>Date: 10/16/2024 by 12PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o Action: Education provided to Nurses & CNAs regarding the policy for ADLs and identifying residents that appear to be unkempt or have odors and actions to take if they note any issues or resident concerns, peri-care, hand hygiene, communication/reporting on maintenance issues, showers/baths & documentation, and abuse & neglect. Education was provided to the Maintenance Director on equipment maintenance and monitoring water temperatures,</p> <p>Person(s) Responsible: Administrator, Director of Nursing, Assistant Director of Nursing, and/or Designee</p> <p>Date: 9/27/2024 by 10PM</p> <p>o All identified staff will educated prior to working their next shift, facility is not utilizing temporary staff, and new staff will be educated prior to working their first shift.</p> <p>How the Corrective Actions Will be Monitored, by whom and for how long:</p> <p>o Action: Shower/bath assignment sheet is being completed by the CNA and nurses to sign off that showers/baths have indeed been completed. Director of Nursing monitoring shower/bath assignment sheets M-F.</p> <p>Person(s) Responsible: CNAs & Charge Nurses</p> <p>Date: 9/30/2024 by 10PM</p> <p>o Action: Water temperature log continued to monitor water temperature.</p> <p>Person(s) Responsible: Maintenance Director and/or Designee</p> <p>Date: 9/25/2024 by 10PM</p> <p>o Action: Ad hoc QAPI performed with Medical Director during survey (9/25/2024) & on 10/15/2024 to inform the Medical Director of the water issue, the immediate jeopardy template, and the facility's plan to remove the immediacy.</p> <p>Person(s) Responsible: Administrator and Director of Nursing</p> <p>Date: 10/15/2024 by 3:15PM</p> <p>Surveyor Monitored the plan of removal as follows:</p> <p>On 10/15/2024 12 residents from each hall between 11:00am to 12:00pm, about showers/baths and the presence of hot water. All 12 residents verified they are getting baths, and the water has been hot instead of lukewarm.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation on 10/15/2024 at 12:20 p.m. in Laundry, revealed 1 staff was present. She revealed that she worked at 6:00 a.m. to 2:00 p.m. shift, and another staff member worked 2:00 p.m. to 10:00 p.m. Observation revealed clean clothes were hanging on racks, ready to be distributed to the resident's rooms, and clean linens were stacked on shelves ready to be put in linen closets. There was a clothes rack of unidentified clothing and donated clothes stacked on shelves in the corner. There were two operational washers and two operational dryers.</p> <p>POR Monitoring: 10/16/24</p> <p>Facility POR binder had evidence via census sheet checked that all residents were offered showers on 9/25/24. If resident refused showers, it was documented in the resident's record. CNAs, charge nurses, ADON, DON implemented.</p> <p>***verified by observation, interviews, record reviews 10/16/24.</p> <p>Facility POR binder had evidence via checked census sheet that all interview able residents were asked when their last shower was, and if they had any emotional distress if their shower was missed. Non-interview able residents were assessed for hygiene and cleanliness and assessed for signs of emotional distress. Completed 9/25/24.</p> <p>***verified by observation, interviews, record reviews 10/16/24.</p> <p>Facility POR binder had evidence that all active infections were reviewed by the DON. One UTI met McGreer's criteria and was treated by MD. Two residents were treated for possible UTI. Completed 9/25/24.</p> <p>*** Verified by observation, interviews, record reviews 10/16/24.</p> <p>Facility POR binder had evidence a plumber serviced the boiler on 9/23/24. The boiler could not be repaired so water was re-routed. A new hot water system was ordered 9/23/24 and should be completed by 10/16/24.</p> <p>**surveyors were in facility on 9/23/24 and can verify the hot water issue on 9/23/24. Surveyors were in facility 10/16/24 and can verify the new boiler installed on that day, and water was hot by the end of the day.</p> <p>Facility POR binder had evidence the laundry was being done by a sanitation system with chemicals effective in cold water.</p> <p>***this was verified by observations and interviews in laundry on 9/23/24 and 10/15/24.</p> <p>Facility POR binder has evidence of ADL policy and procedure:</p> <p>Review and education provided to staff on ADL policy. Completed 9/25/24.</p> <p>***interviews with staff on each hall verified in-services on ADL care policy was conducted regularly 10/16/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0677</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility POR binder had evidence the Administrator and DON were educated on equipment, water temperatures, neglect on 9/25/24.</p> <p>***verified by interviews 10/16/24.</p> <p>Facility POR binder had evidence nurses, CNA's were educated on ADL policy and identifying residents who appeared unkempt, and reporting issues of care or maintenance issues, on 9/25/24.</p> <p>***verified by interviews with nurses, CNAs 10/16/24.</p> <p>Facility POR binder had evidence the Maintenance Director was educated on equipment, monitoring water temperatures on 9/25/24.</p> <p>***verified by interview with the Maintenance Director 10/16/24.</p> <p>Facility POR binder had shower/bath assignment sheet for CNAs and nurses to sign off, completed 9/30/24.</p> <p>***verified by interviews with CNAs, nurses 10/16/24.</p> <p>Facility POR binder had water temperature log, completed 9/25/24.</p> <p>***verified by observation, interview 10/16/24.</p> <p>Facility POR binder had evidence of ad HOC QAPI meeting with Medical Director 9/25/24 and 10/15/24 to inform of water issue, IJ template and plan of removal.</p> <p>***verified by interview, documentation.</p> <p>Observation, testing of water temperature in shower room on 200 Hall revealed it was lukewarm after running several minutes, and became hot after running 2-3 minutes longer.</p> <p>Per interview with the Administrator, the new boiler is being installed today 10/16/24, and water temperatures may fluctuate, but once it is installed, water temperatures would be stable. This was verified by water temp testing on 10/16/24 at 3:30p.m.</p> <p>The Administrator was informed the Immediate Jeopardy was lowered on 10/16/24 at 3:17 p.m. The facility remained out of compliance at a scope of isolated and severity of no actual harm with potential for more than minimal harm that is not immediate threat, at a scope of pattern due to the facility'n need to evaluate the effectiveness of the corective systems that were put in place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48315</p> <p>Based on observation, interviews and record reviews, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices for 1 (Resident #18) of 73 residents reviewed for quality of care.</p> <p>The facility failed to apply compression wraps to Resident #18's legs as ordered and Resident #18 experienced increased swelling and discomfort in her lower extremities.</p> <p>This failure placed resident at risk for further injury or harm.</p> <p>Findings include:</p> <p>Record review of medical records indicated Resident #18 was a [AGE] year-old female admitted on [DATE] with the following diagnoses: Type 2 diabetes mellitus with diabetic neuropathy, unspecified (Primary, Admission), Dry eye</p> <p>syndrome of bilateral lacrimal glands, Pain in right leg, Localized swelling, mass and lump, right lower limb, and Varicose veins of right lower extremities.</p> <p>Record review of the MDS dated [DATE]</p> <p>Record review of the care plan dated 7/23/24, indicated Resident #18 required the use of compression wraps to manage the edema. The care plan specified that the compression wraps should be applied Monday, Wednesday and Friday and monitored for effectiveness and skin integrity.</p> <p>Record review of medical records dated 8/15/24, indicated Resident #18 was assessed with chronic venous insufficiency and significant lower extremity edema.</p> <p>Record review of a resident assessment dated [DATE], written by: indicated Resident #18 had a need for compression therapy to manage the edema and prevent complications.</p> <p>Observation on 9/23/24 at 9:00 a.m., Resident #18's was lying in bed and legs and feet were swollen, compression wraps and compression stockings were on top of Resident #18 bed side table</p> <p>Interview on 9/23/24 at 8:10 a.m., Resident #18 reported increased swelling and discomfort in the lower extremities. Resident #18 reported her legs was to be wrapped 3 times a week with compression wraps. Resident #18 stated she was going to clinic to have her legs wrapped with compression wraps but was told by facility they could not provide transportation to clinic due to insurance stop paying for transportation. Resident #18 stated legs have not been wrapped for several weeks.</p> <p>Interview on 9/23/24 at 12:00 p.m., the MDS nurse stated Resident #18 was care planned for leg wraps three times a day and care plan were updated as needed. The MDS nurse stated she was not sure when the order was changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Interviews on 9/23/24 at 12:30 p.m., the nursing staff (LVN A and CNA A) revealed that the compression therapy had not been administered for the past 30 days due to a lack of supplies and oversight.</p> <p>Interview on 9/23/24 at 1:30 p.m., the DON stated based on physical examination Resident #18's showed signs of worsening edema and early stages of skin breakdown, indicating a risk for infection and further complications.</p> <p>Interview with NP on 9/23/24 at 3:45pm, NP stated she changed order to have Resident#18 legs wrapped with compression wraps or compression stockings 5 times weekly or as needed. NP stated original order was for 3 times weekly wrap with compressions wraps or compression stockings.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, for 9 of 61 days reviewed for staffing, in that:</p> <p>There was no proof of RN coverage for 9 days of 61 days reviewed for RN coverage.</p> <p>This failure placed all residents at risk of not receiving adequate medical care and supervision of an RN.</p> <p>Findings included:</p> <p>Record review of the facility's RN staffing hours from the period of 04/01/24 through 06/31/24 revealed there was no proof of RN coverage for the following days 05/17/24, 05/18/24, 05/20/24, 05/21/24, 5/22/24, 05/23/24, 05/24/24, 05/31/24 and 06/01/24.</p> <p>Record review of CMS PBJ report revealed the facility had no RN coverage [NAME] 04/06/24, 04/07/24, 04/16/24, 04/19/24, 04/21/24,</p> <p>05/17/24, 05/18/24, 05/20/24, 05/21/24, 5/22/24, 05/23/24, 05/24/24, 05/31/24 and 06/01/24.</p> <p>During an interview with the facility Administrator on 09/05/24 at 2:00 p.m., he said the PBJ report was wrong. He said there was an RN coverage for the month of April. He said the cooperate DON left sometimes in August and the new DON started 08/23/24. He provided an RN time sheet for 67.27 hours for 04/06/24 through 04/21/24. He explained that the hours for the RN coverage did not showu because the facility used what is called shift key a term used for agency staffing. He said he had RN coverage for May and June but did not have the proof for the following days 05/17/24, 05/18/24, 05/20/24, 05/21/24, 5/22/24, 05/23/24, 05/24/24, 05/31/24 and 06/01/24.</p> <p>He said not having an RN coverage poses no harm to the residents because an RN can be called in at any time in an emergency.</p> <p>Record review of facility's provided staffing policy dated 2001 revised July 2001, titled Staffing did not an RN coverage for 8 hours in 24 hour a day.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863</p> <p>Based on interviews and record review the facility failed to provide pharmaceutical services that assured the accurate acquiring, receiving, dispensing, and administering of controlled medications for 1 of 6 residents (Residents #60) reviewed for pharmaceutical services.</p> <p>The facility failed to ensure that LVN A accurately documented on the narcotic count sheet for Resident #60's scheduled pain medication administration for Percocet 5/325 mg.</p> <p>This failure could place residents at risk of misappropriation by drug diversion and could result in diminished health and well-being.</p> <p>Findings included:</p> <p>Record review of Resident #60's face sheet, undated revealed Resident was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses to include but not limited to dementia (memory loss), Atherosclerotic Heart Disease (buildup of fats, cholesterol in and on the artery wall), Hypertension (high blood pressure), schizoaffective disorder (mood disorder), and chronic pain.</p> <p>Record review of Resident #60's Quarterly MDS Assessment, dated 08/12/2024 revealed a BIMS summary score of 12 indicating moderately impaired cognition. She required Partial/moderate assistance with toileting hygiene, shower/bathe self, putting on/taking off footwear and lower body dressing.</p> <p>Record review of Resident #60's care plan, initiated 11/03/23 and edited on 9/04/24, revealed the resident had pain due to necrotic right hip and on pain medication to include Percocet.</p> <p>Record review of Resident #60's Physician order, dated 08/15/24 revealed a medication order of Oxycodone-Acetaminophen (Percocet) Tablet 5/325 mg, give 1 tablet oral every 6 hours related to chronic pain, osteoarthritis.</p> <p>\Observation and Controlled medication count of medication cart #2 on 09/26/24 at 12:35 PM with LVN B revealed Resident #60's Oxycodone-Acetaminophen (Percocet) 5/325mg blister pack had total count of 76 tablets.</p> <p>Record review of Resident #60's Resident's Narcotic Drug Record for Oxycodone-Acetaminophen (Percocet) 5/325mg, documented that on 9/26/24 at 0500 AM, LVN A signed out 1 tab for Resident #60 leaving a record count of 77.</p> <p>Record review of Resident #60's Medication Administration Record (MAR) revealed, that LVN B did not administer Oxycodone-Acetaminophen (Percocet) 5/325mg, to Resident #60 on 9/26/24 at 5:00 am but on 09/25/24 at 8:03 PM.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN B on 09/26/24 at 3:04 PM, she said she did the count with LVN A that morning during change of shift, and they both must have made a mistake in the count that morning. She said she spoke with LVN A, who said she gave the medication but did not sign it out on the narcotic sheet. She said the purpose of having the narcotic record and the MAR was to make sure the medication was administered as ordered and the residents were getting their medications as intended. She said the risk of not having the correct count was drug diversion, and the narcotics were not used as intended. She said the worst thing that could happen would be a resident overdose.</p> <p>During an interview on 09/26/24 at 3:20 PM, ADON said staff should perform the narcotic count at the end and beginning of each shift. She said the staff should be signing for meds in 2 places, which was on the narcotic sheet and the MAR. She said if it was not documented, that means it was not done. She said having the incorrect count can cause a resident to be over medicated, which can cause other issues such as increased drowsiness, falls, and decreased respiration. She said the risk of not having the correct count could lead to misappropriation or drug diversion and/or the resident taking too much medication.</p> <p>During an interview on 09/26/24 at 3:33 PM, the DON said she expected the staff to document on the MAR and the narcotic count sheet and expects the counts to be performed each shift. The DON said she performed a narcotic audit on 09/26/24 and was able to reconcile the missed medication for Resident #60, and the count was corrected on the narcotic count sheet. She said she was aware of the issue and had been doing her best to implement changes in the last 2 months since she was hired. She said the risk of not documenting correctly and timely was not being able to track when medications were administered, not following MD orders, and overdosing or underdosing residents. She said she will plan an in-service on this issue, and she has several Performance improvement plans in place.</p> <p>During an interview on 09/26/24 at 3:41 PM, the Administrator said he expected the nursing staff to have an accurate narcotic count. He said nothing good can come out of having discrepancies with the narcotic count, and that was why there was a double entry system put in place to reduce inaccuracies and discrepancies. He said the purpose of the narcotic count was to help prevent or minimize drug diversions.</p> <p>Record review of facility provided policy, Controlled Substances, revised April 2019 revealed in part . The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Policy Interpretation and Implementation. 8. Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift. at the end of each shift. 10. Upon Administration: a. The nurse administering the medication is responsible for recording: (1) Name of the resident receiving the medication; (2) Name, strength, and dose of the medication; (3) Time of administration; (4) Method of administration; (5) Quantity of the medication remaining; and (6) Signature of nurse administering medication. 12. At the End of Each Shift: a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together. b. Any discrepancies in the controlled substance count are documented and reported to the Director of Nursing Services immediately. c. The Director of Nursing Services investigates all discrepancies in controlled medication reconciliation to determine the cause and identify any responsible parties and reports the findings to the Administrator .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26244</p> <p>Based on observation, interview, and record review, the facility failed to maintain medical records on each resident in accordance with accepted professional standards and practices for 1 of 18 residents reviewed for clinical record accuracy (Resident # 2).</p> <p>--the facility did not have documentation of the results of Resident # 2's PASRR evaluation in the resident's clinical record.</p> <p>This failure could place residents at risk of having incomplete clinical records and decrease in staff knowledge of resident's medical history.</p> <p>Findings include:</p> <p>Record review of Resident # 2's face sheet revealed admitted [DATE] with diagnoses including intracranial injury (bleeding inside the brain caused by an outside force), aneurysm (abnormal swelling in the wall of a blood vessel), muscle wasting and atrophy (decrease in muscle tissue), dysphagia (difficulty swallowing foods or liquids), cognitive communication deficit (disruption in concentration, memory, responding, comprehending), encephalopathy (brain disease that alters brain function), dementia (loss of cognitive function).</p> <p>Record review of Resident # 2's Annual MDS dated [DATE] revealed the PASRR Level II evaluation resulted in no serious mental illness or developmental disorder, was rarely or never understood, rarely or never understands, severely impaired cognitive skills, dependent for all ADL's, always incontinent, and presence of a feeding tube for nutrition.</p> <p>Record review of Resident # 2's care plan, undated, revealed no goals or interventions to address PASRR status.</p> <p>Observation of Resident # 2 on 9/23/24 through 9/26/24 revealed she was in bed, alert to person only, not responding to questions but maintaining eye contact, in no apparent distress, with enteral feeding tube infusing formula for nutrition.</p> <p>In an interview with the MDS nurse on 9/26/24 at 10:40 am, she said she received the denial letter for PASRR specialized services for Resident # 2 from the local authority on 9/26/24, after surveyor intervention, and it would be added to the resident's medical record. She said she was not working in the facility then, but Resident #2 had a PASRR assessment and evaluation in 2020, and the local authority denied specialized services. She said the PASRR denial letter should have been added to her medical record to have an accurate medical history in the facility.</p> <p>In an interview with the DON on 9/26/24 at 5:40 pm, she said the records should be accurate and PASRR recommendation should have been added to the medical record for an accurate medical history for Resident # 2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident # 2's PASRR letter dated 10/31/2020 read, in part, .based on evaluation, the local authority determined you are not eligible for specialized services because you do not have a qualifying diagnosis of mental illness, intellectual disability, or developmental disability as required by 42 CFR 583.102 (b) (1) .</p> <p>Facility policy on clinical records was not available by the time of exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>26867</p> <p>Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment (boiler room equipment) in safe operating condition for 1 of 1 hot water heater heaters system in the facility in that -</p> <p>The facility did not have hot water for resident's use in two weeks .</p> <p>This failure could place the residents at risk of not having their ADL care in a timely manner and as needed.</p> <p>Findings included:</p> <p>Interview and observation on 09/23/24 at 1:28 p.m ., revealed the facility did not have hot water for resident's use. During an interview, Resident #12 said she did not want to take shower with cold water. She said the facility had no hot wat ER and she had not had her showers for about two to three weeks. She said she only have bed baths.</p> <p>Observation on 09/23/24 at 1:30 PM revealed there are two shower rooms on hall 100. The water for the shower room was turned on for 5 minutes. The water was lukewarm at 84 degrees Fahrenheit-F).</p> <p>During an interview on 09/23/24 at 1:45 PM, CNA K she said she had did not given resident showers today. She explained how showers are provided to residents. She said even rooms are Mondays, Wednesdays, and Fridays. She said morning CNA gives showers to A-beds and evening CNAs gives showers to the B beds on their shower days. She did not answer how long the hot water had been off. She said she did not know. She said she washed her hands with the luck luke warm water (not too cold).</p> <p>During an interview with the ADON on 09/23/21 at 1:50 PM, she said the hot water had been called in by the facility Administrator. She said the hot water stop working last week 9/16/24 and she immediately told the Administrator. She did not give any date. She said the hot water had been on and off at different parts of the facility. She said it was her understanding that the Administrator had reported the incident to the state .</p> <p>During an interview with the Maintenance Director on 09/23/24 at 2:10 PM, he said he had been trying to find out what the problem was for sometimes. He said he tried adjusting the thermostat thinking the thermostat was the problem. He said the hot water was on and off at different parts of the facility for almost a month. He said he found out last Friday the thermostat broke and that was when a local plumbing company was called in to detect the problem.</p> <p>Observation with the Maintenance Director on 09/23/24 from 2:10 p.m. to 2:30 Pp.m., revealed the water temperature on randomly selected rooms ranged from 84-86-degrees Fahrenheit.</p> <p>During an interview on 09/23/24 at 3:00PM, Resident # 27 said, she used wipes and face sheet to clean herself in the bathroom .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 09/23/24 at 3:30 PM, with a group of unidentified residents in the smoking area, 5 of the residents said the hot water has not worked for over three weeks and 2 said for a month . They could not give date range.</p> <p>During an interview with the facility Administrator on 09/23/24 at 4:00 PM, he said the facility was an old building. He said the hot water had been on and off at different parts of the building and he cannot put a timeline. He said he was out on vacation and came back August 26 . He said the Maintenance Director had worked on and off on the hot water for a sometimes. He said the maintenance Director adjusted the thermostat on and off and it makes the water either too hot on one side of the building and cold on the other side. He said it was brought to his attention on 09/16/24. He said he called a local plumbing company, and the facility was trying to get approval and eventually fall on the weekend . He said he called the incidents of the hot water to state on 09/20/24 expecting the plumbing company to start the work on Monday 09/24/24.</p> <p>During an interview with CNA J in the secured unit on 09/24/24 at 10:50 AM, he said he had not given showers to residents for about two weeks but only provided bed baths because the hot water was off. He said he did not know how long because the hot water had been on and off at different times. He said he gave bed baths as needed .</p> <p>During an interview with the facility Administrator on 09/26/24 at 2:30 p.m., he said the facility lack of hot water makes it harder for the staff to complete their job if they had to heat hot water for those who needed hot water to take a bath. He did not answer questions on how the lack of hot water affected residents .</p> <p>Record review of facility's policy titled Supplies and Equipment; Environmental Services read in part. .Policy Statement</p> <p>Housekeeping/laundry department supplies, and equipment shall be readily available so that department personnel can perform necessary tasks.</p> <p>Policy Interpretation and Implementation</p> <p>1. Equipment must be ready for use at all times of the day and night to serve the residents' needs. Care should be exercised in the handling and in the use of our equipment to prevent damage or breakage .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)		
<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48315</p> <p>Based on observation, interview, and record review the facility failed to conduct regular inspections and maintenance of resident bed frames, mattresses, and bed rails, leading to potential entrapment hazards for 1 (Resident #49) of 13 residents reviewed for safety in rooms.</p> <p>The facility failed to conduct regular inspections of resident bed frames and mattresses to identify risks and problems. Resident #49's bed had a significant gap between the mattress and bedframe. The mattress was torn with mattress foam coming away from the mattress cover and was covered with stains and rips in the center of the mattress.</p> <p>The finding Include:</p> <p>Record review on 9/24/24 at 9:00 am of Resident #49 admission face sheet revealed she was a [AGE] year-old female with Parkinson's, osteomyelitis, and dementia.</p> <p>Record review on 9/24/24 at 9:30am Resident #49's MDS dated [DATE], revealed a BIMS score of 9, which indicated cognitive impairment to make decision. Section GG (function abilities) revealed Resident#49 needed substantial assistance for bed mobility. Observation on 9/24/24 at 8:20 a.m., several resident beds were found with loose bed rails and gaps between the mattress and bed frame, torn and stained mattress.</p> <p>Observation on 9/24/24 at 8:30 a.m., Resident #49's bed had a significant gap between the mattress and the bed frame. Resident #49 mattress was torn with mattress foam coming away from mattress cover. Resident #49's mattress was covered with stains and rips in the center of mattress. Resident #49 was on a low bed with fall mat that was torn around edges.</p> <p>Interview on 9/24/24 at 10:30 a.m., a family member of Resident #49 stated they spoke with staff to have mattress replaced due to mattress looked worn out and was torn on the sides and foam was coming out. The FM stated Resident #49's mattress was still on bed despite asking for it to be replaced.</p> <p>Interview on 9/24/24 at 11:00 a.m., the Administrator stated that residents will let the nursing staff know when they want a new mattress if the resident can speak for themselves and those that cannot it was the nursing staff and department head responsibility to bring it up when doing Angel rounds. The Administrator stated that the facility maintenance director does not have a schedule or plan to check all beds, but we have new beds in facility residents just have to ask. Adminstrator stated the facility did not have a policy on replacing beds or mattress for beds.</p> <p>Interview on 9/24/24 at 11:30 a.m., the facility maintenance director stated the staff will have to tell my staff and will get the mattress replaced. He said he ordered new mattresses all the time but need the nursing staff to tell him who or what resident needed a new mattress. Facility manintenance directed stated he was not aware of any policies on replacing beds or mattress.</p> <p>Interview on 9/24/24 at 12:15 p.m., the facility DON stated the nurses are required to inspect mattresses to ensure the mattresses are in good condition as well as the beds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Seabreeze Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6602 Memorial Dr 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)
<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 9/24/24 at 12:45 p.m., CNA B, CNA C stated they mention some of the residents having torn mattress and needed new ones, but nothing was done.</p> <p>Interview on 9/24/24 at 1:00, charge nurse, stated the aides will tell them if the resident needs a new mattress because they are the ones that make up the beds during ADL care and if a resident needs a new mattress or something was wrong with the bed we tell the Administrator or Maintenance.</p>