

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2025
NAME OF PROVIDER OR SUPPLIER  Cascades at Galveston		STREET ADDRESS, CITY, STATE, ZIP CODE  3702 Cove View Blvd Galveston, TX 77554	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.  (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop and implement a person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 (Resident #1) of 10 residents reviewed for comprehensive resident centered care plan. - Resident #1 was not care planned for G-J tube (soft, narrow tube that enters the stomach in the upper part of the abdomen and is threaded into the small intestine) feeding with small amounts of pureed textured snacks (not to exceed &gt;1/2 a meal tray) for pleasure with SLP supervision or trained caregiver. This failure could place residents at risk for not receiving appropriate care and services. Findings included: Record review of Resident #1's admission Record, dated 09/03/25, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included gastronomy status (medical condition where an individual has a tube surgically placed to provide direct access to the stomach), dyskinesia of esophagus (condition characterized by abnormal muscle movements in the esophagus, the muscular tube that connects the throat to the stomach), dysphagia pharyngeal phase (difficulties in swallowing), metabolic encephalopathy (brain dysfunction resulting from systemic metabolic disturbances), and acute pulmonary edema (accumulation of fluid in the lung parenchyma (pertaining to or resembling the functional elements of an organ or tissue)). Record review of Resident #1's admission MDS Assessment, dated 08/06/25, revealed a BIMS score of 03, indicating severe cognitive impairment. Further review revealed her functional ability to eat was not attempted due to medical condition or safety concerns. Section K - Swallowing/Nutritional Status revealed resident had a feeding tube on admission, while not a resident, and while a resident. Section V - Care Area Assessment (CAA) Summary revealed Feeding Tube Care Area was triggered, and Care Planning Decision applied and was checked. Record review of Resident #1's care plan report, admission date 07/31/2025, revealed it did not reflect her need for tube feeding with small amounts of pureed textured snacks (not to exceed &gt;1/2 a meal tray) for pleasure with SLP supervision or trained caregiver or care planned for a G-J tube. Record review of Resident #1's physician orders read in part .regular diet, pureed textured, nectar consistency, for pleasure feedings, start 09/02/25, end indefinite. enteral feed, four times a day Glucerna 1.2 at 300 ml four times a day via bolus per G-tube, start 08/11/25, end indefinite. enteral feed, four times a day enteral feed: before each intermittent feeding and PRN check for residual, if residual of 250 ml(cc) delay feeding at least one hour, start 08/07/25, end indefinite. Record review of Resident #1's hospital Discharge summary, dated [DATE] read in part .GJ tube placed by IR and patient started on bolus feeds through gastric tube. Items for Follow Up Provider: .for bolus feeds, only use G tube - Glucerna 240 cc w free water bolus of 100 cc Q4H, for continuous feeds, can use G or J tube: continue Glucerna 1.2 Cal @ goal of 55 mL/hr., flush G tube with 20cc water 3 times per day after each feed. G-J tube for primary means of nutrition and hydration. Patient may initiate small amounts of pureed textured snacks (not to exceed &gt;1/2 a meal tray for pleasure with SLP supervision or trained caregiver. G-tube placement on 07/28/25. During an interview on 09/03/25 at 1:00 p.m., the DON said the MDS nurse, or she was responsible for updating care plans. During an interview at 2:30 p.m., the Regional Nurse Consultant said they do not have a care plan policy, and that they follow the RAI manual.</p>		

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F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.  (continued on next page)

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility is free of pests and rodents for 2 (Resident #2 and Resident #3) of 4 residents reviewed for physical environment. - Resident #2 was in her bedroom sitting in her wheelchair when roaches were observed by Nurse A crawling on her floor, bed, and wheelchair. -A small live roach was observed on the floor of Resident #3's bedroom floor near the doorway. This failure could place residents at risk of experiencing emotional and physical distress. The findings included: Record review of Resident #2's admission Record, dated 09/05/25, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included cerebral palsy (a neurological disorder that affects body movement and muscle coordination, typically caused by abnormal brain development or damage), congenital malformation (birth defect) of ear causing impairment of hearing, and mood disorder due to known physiological condition. Record review of Resident #2's Quarterly MDS Assessment, dated 07/16/25, revealed a BIMS score of 99, indicating the resident was unable to complete the interview. Further review revealed resident required supervision or touching assistance with sit to stand and chair/bed-to-chair transfer, and no assistance from a helper with eating. Record review of Resident #2's care plan report, undated, revealed the resident had cerebral palsy affecting cognition, speech, and physical mobility. Further review revealed she had a customized manual wheelchair that was to be kept clean. Resident was dependent on staff etc. for meeting emotional, intellectual, physical, and social needs r/t cognitive deficits and impaired communication. Resident required assistance supervision by staff to eat, transfer, and bed mobility. Resident has a communication problem r/t hearing deficit, noted with unclear speech, sometimes able to understand and be understood verbal communication. Record review of Resident #2's progress notes, dated 08/28/25 at 6:30 a.m., read in part .while repositioning the resident in her chair I notice bugs crawling on the chair.removed the resident from the room and moved her to [room number] so that the room could be cleaned.informed the DON and administrator of the move. Observation and attempted interview on 09/02/25 at 2:17 p.m. made with Resident #2 revealed she was lying in bed watching television. The bedroom floor, bed, and wheelchair were clean and there were no signs of roaches. This Investigator attempted to interview resident but was unable to understand her due to resident's impaired speech. Observation on 09/02/25 at 1:03 p.m., revealed a small live roach on the floor of Resident #3's bedroom floor near the doorway. During an observation and interview on 09/02/25 at 1:03 p.m., Resident #3 was lying in bed. Resident said he was doing good and had not seen any roaches in the facility. Observation and interview on 09/02/25 at 1:05 p.m. with housekeeping staff revealed she identified the bug in Resident #3's bedroom floor by his bedroom door as being a roach. She said they have been spraying for roaches, but they keep coming back. She said she believed the last time the exterminator came out and sprayed was about a week or so ago. During an interview on 09/05/25 at 8:07 a.m., Nurse A said she could not recall the day it happened, but said sometime last week, 08/24/25-08/30/25, when she was working the 10:00 a.m. to 6:00 p.m. shift, she said one night when she went to change Resident #2's brief, she saw roaches crawling on the resident's bedroom floor and on her bed. She said the resident at this time was sitting in her wheelchair on top of a blanket. She said she and another CNA lifted the resident up and she saw roaches on the blanket the resident was sitting on. She said she removed the blanket and saw more roaches on the resident's wheelchair. She said they lifted the resident out of her wheelchair, moved her to another room, cleaned her up, and put her to bed. She said she made a nurses note, texted the Administrator and DON, and told them they needed to discard the wheelchair and get a new one. She said they both texted her back and said they would take care of it in the morning. She said the DON said she would order a new wheelchair. She said the following night, she went back to the room, and it appeared to have been clean and treated. She said weeks prior to this incident (could not recall date), she saw 4 to 6 roaches in the resident's room. She said she reported it to the DON around her first week of employment, June 18th, and she said the DON said they would have maintenance take care of it. She said the resident would refuse to let staff take her dinner tray out of her room. During an interview on 09/05/25 at 12:48 p.m., the DON said a nurse notified her that there were roaches in Resident #2's room. She said the roaches were reportedly on her wheelchair. She said she asked staff to clean her up and to give her a bed bath. She said they moved the resident to the room next door. She said there were a lot of issues with Resident #2 and she had spoken to the Doctor and NP of psychiatry because they were having</p>		