

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675254 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cascades at Galveston |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3702 Cove View Blvd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                      |
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>(continued on next page) |

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

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

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675254   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cascades at Galveston  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3702 Cove View Blvd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility's assessment tool for 3 of 7 residents (Residents #1, #2 and #4) reviewed for sufficient staff. The facility failed to have adequate staff to provide appropriate care to residents, resulting in Resident #1 sitting in a urine-soaked brief during the 2pm-10pm on 10/11/25, Resident #2 staying in bed against his preferences on 10/25/25 during the 6am-2pm and 2pm-10pm shift, and Resident #4 experiencing long waiting times after pushing their call light when they need assistance with incontinent care. This failure could place residents at risk of skin breakdown, loss of independence and decreased quality of life. Findings included: Resident #1 Record review of Resident #1's admission record generated on 10/16/25 revealed she was admitted to the facility on [DATE] and had diagnoses of legal blindness (a significant degree of vision loss), dementia (a general term for a group of cognitive disorders that cause a decline in a person's ability to remember, think, make decisions, and carry out daily activities) and abnormalities of gait and mobility. She was [AGE] years old. Record review of Resident #1's annual MDS assessment dated [DATE] revealed she had a BIMS of 7 indicating she had severe cognitive impairment. She was dependent on staff for personal and toileting hygiene and required substantial/maximal assistance for chair/bed-to-chair transfers and toilet transfers. She had frequent urine and bowel incontinence. Record review of Resident #1's care plan dated 10/26/21 revealed a focus area of ADL self-care performance deficit related to impaired balance. The goal was for the resident to improve her current level of function through the review date. Interventions included, Requires 1 person assist with mobility.the resident requires assistance by 1 staff for toileting. Further record review of Resident #1's care plan dated 10/26/21 revealed a focus area of potential for pressure ulcer development related to impaired physical mobility and bowel and bladder incontinence (the involuntary loss of control over bodily fluids). The goal was for the resident to have intact skin, free from redness, blisters or discoloration. Interventions included, follow policies/protocols for the prevention/treatment of skin breakdown. monitor/document/report (as needed) any changes in skin status. Record review of the nursing staffing assignments dated 10/11/25 revealed during the 6am-2pm shift, there were five CNAs scheduled to work with four aides that signed their name indicating they were present, including CNA A and CNA B. During the 2pm-10pm shift, there were four CNAs scheduled to work with three aides who signed their name indicating they were present, including CNA A and CNA B. According to the assignments, CNA A was assigned to care for Resident #1 based on her room number. There were two LVNs scheduled to work a double shift between 6am-10pm. Record review of Resident #1's ADL-Toilet Use documentation revealed on 10/11/25 incontinent care was documented as provided once at 11:16am. The CNA noted she required full staff performance of task. In a telephone interview on 10/16/25 at 12:56pm, Resident #1's family member stated she visited the facility in the evening around 7:00pm on 10/11/25. She said when she arrived, Resident #1 her hair, gown and bed were soaked with urine, and her room was permeated with a pneumonia odor. She said she changed Resident #1's brief herself and told the nursing staff. She could not remember their names. In an interview on 10/29/25 at 2:28pm, CNA A said he was not assigned to work on Resident #1's hallway during the month of October 2025. The surveyor attempted to contact RN A on 10/29/25 at 2:03pm without success. The surveyor attempted to contact CNA B on 10/29/25 at 2:31pm without success. Resident #2 Record review of Resident #2's admission record generated on 10/29/25 revealed he was admitted to the facility on [DATE] and had diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (one-sided weakness) following nontraumatic intracerebral hemorrhage (bleeding within the brain that occurs without a head injury) affecting left non-dominant side, epilepsy (a chronic neurological disorder characterized by recurrent seizures, which are sudden, uncontrolled electrical discharges in the brain), morbid obesity, contracture (a condition of shortening or hardening of muscles, tendons or other tissue, often leading to restricted joint mobility) to right elbow and left wrist. He was [AGE] years old. Record review of Resident #2's admission MDS assessment dated [DATE] revealed he had a BIMS of 15 indicating no cognitive impairment and was dependent on staff for transferring from the bed to a chair. He used a manual wheelchair. Record review of Resident #2's care plan dated 8/21/25 revealed a focus area of ADL self-care performance deficit</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675254  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cascades at Galveston  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3702 Cove View Blvd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview and record review the facility failed to ensure the facility assessments were documented and facility-wide assessments determined what resources were necessary to care for residents competently during both day-to-day operations and emergencies for 1 of 1 facility (Facility) reviewed for facility assessment. The facility failed to ensure the facility assessment contained information regarding the level of staff needed to meet the needs of each resident. This failure could place residents at risk of inadequate care or treatment. Findings include: Record review of the facility assessment, dated 4/30/25, revealed it did not include information regarding the level of staff needed to meet the needs of each resident. In an interview on 10/29/25 at 3:52pm, the Administrator said he was unsure if the facility assessment included the level of staff needed. He said they did not use the facility assessment when creating the nursing staff schedule. He said they used the facility's PPD and census. He said he made sure the ratio of CNAs to residents was 1:15. He said if they took into account the higher functioning residents then it was feasible. He said according to the facility's star rating, they had more staff than the national average. Record review of the facility assessment policy (undated) read in part, A facility assessment is conducted annually to determine and update the capacity to meet the needs of and competently care for residents during day-to-day operations (including nights and weekends) and emergencies.the facility assessment is used to inform staffing decisions. staffing needs are considered for each shift, including day, evening and night shifts, and adjusted as necessary based on changes in the resident population. Record review of the facility policy for Sufficient and Competent Nursing dated August 2022 revealed in part, Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to providing nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.</p> |   |  |