STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675372	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bahia Nursing and Rehabilitation	225 E Ward St Goliad, TX 77963

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on Observations, Interviews, and Record review, the facility failed to ensure that residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 3 residents (Resident #22) reviewed for reasonable accommodation of resident needs and preferences, in that: The facility failed to ensure Resident #22's call light was within reach. This failure could place residents at risk of achieving independent functioning, dignity, and well-being. Findings include: Record review of Resident #22's face sheet dated 11/7/24 revealed a [AGE] year old female admitted to the facility on [DATE]. Resident #22 had diagnosis that included Amputation of Bilateral lower extremity (surgical removal of more than one limb), Major Depressive Disorder (a severe mood disorder that can affect a person's thoughts, feelings, and ability to perform daily activities), and Heart failure (occurs when the heart muscle doesn't pump blood as well as it should). Record review of Resident #22's Admission MDS assessment, dated 9/21/24, reflected a BIMS score of 04 which suggested severe cognitive impairment. Record review of Resident 22's care plan, dated 6/20/24, reflected, the resident is at risk for falls, with intervention's, be sure to keep the call light within reach. Observation and interview on 11/07/24 in Resident #22s room at 10:15 AM revealed that the call light was on the floor. Resident #22 stated, she did not know how the call light got on the floor and prefers to scream Help . Interview on 11/07/24 at 9:50 AM, CNA A stated that she was the assigned nursing assistant for Resident #22. CNA A stated she did not know how Resident #22's call light ended up on the floor. CNA A also noted that if Resident #22 did not have access to the call light, Resident #22 might fall. (continued on next page)

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

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the DON on 11/08/24, at 11:15 AM, the DON stated the facility did not have a policy to address the use of call light but stated the importance of ensuring a call light is accessible to all residents, stating the lack of accessibility to a call light for any resident could lead to a potential fall if assistance was needed. The DON also mentioned charge nurses currently monitored this task during their morning rounds daily, and her ADON was responsible for overseeing this process.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights 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 of 6 Residents (Resident #17) whose records were reviewed for care plan revision/timing, in that: The facility failed to ensure Resident #17's care plan addressed that the resident had a wine bottle in their personal refrigerator in their room. These deficient practices could affect any resident and contribute to Residents not receiving the care and services they needed. The findings included: Record review of Resident #17's face sheet, dated [DATE], revealed a 86 - year old female admitted to the facility on [DATE] with diagnosis that included: Heart Failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), Hyperlipidemia (excess of lipids or fats in your blood), and Cerebral ischemia (a common mechanism of acute brain injury that results from impaired blood flow to the brain). Record review of Resident #17's quarterly MDS, dated [DATE], revealed a BIMS score of 13 which indicated cognition was intact. Interview and Observation on [DATE] at 9:05 a.m. with Resident #17, she stated the wine in personal refrigerator was probably left by family when she had a birthday party previous week. Resident # 17 stated she did not drink alcohol. Record review of Resident #17's Care plan, dated [DATE], did not reveal a care plan for wine bottle in personal refrigerator. Interview on [DATE] at 10:15 a.m., LVN B stated she was the assigned nurse for Resident #17 and was unaware that a wine bottle had been placed in the president's personal refrigerator. LVN B stated families were responsible for managing residents' personal refrigerators and ensuring that nothing spoiled. LVN B further stated the presence of a wine bottle in Resident #17's personal refrigerator should have been included in the care plan so all staff members were aware of it. Interview on [DATE], at 9:51 a.m. with the MDS nurse, she admitted that she did not update Resident #17's care plan to include the presence of a wine bottle. The MDS nurse stated she was unaware that a bottle of wine was stored in Resident #17's personal refrigerator. The MDS nurse further stated that by not adding this information to the care plan, there was a risk that staff members might not be fully informed about the presence of the wine in the refrigerator. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Interview on [DATE] at 11:09 a.m., with the DON, who stated that the MDS nurse should have updated Resident #17's care plan to include a bottle of wine in the refrigerator. The DON stated this oversight could lead to potential harm, as staff might provide incorrect care to Resident #17. She stated that residents families were responsible for ensuring no expired items were in resident's personal refrigator during daily visits . The DON further stated the MDS nurse was responsible for overseeing care plans, and the ADON conducted random audits of these plans. Record review of facility, undated policy Comprehensive Care Plan, revealed the facility will develop and implement a comprehensive person-centered care plan for each resident.

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F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. 27923 Based on observation, interview and record review, the facility failed a to dispose of garbage and refuse properly for 1 of 2 garbage dumpsters (dumpsters #1 and #2) reviewed for disposal of garbage. 1. The facility failed to ensure garbage dumpster #1's lid was completely shut. This deficient practice could place residents at risk for exposure to germs and diseases carried by vermin and rodents. The findings includled: 1. Observation on 11/7/24 at 11:05am with the Dietary Director revealed that one of two garbage dumpsters (dumpster #1) had a 3 x 5 foot lid that was completely open exposing the garbage inside of the dumpster. During an interview on 11/7/24 at 11:10 a.m., with the Dietary Director she stated that having an open lid to the garbage dumpster would allow pests access to the garbage and possibly the facility. The Dietary Director stated that she does train her staff on the necessity of keeping the garbage dumpster lid closed at all times. During an interview on 11/7/24 at 11:45 a.m., with the Administrator she stated that having a garbage dumpster lid open would create a pest control problem. She stated that the facility's department heads would be further in-serviced on the issue. Record review of the Dietary Services Policies and Procedures Manual dated 10/23/24 Section IC 00-11.00, Waste Control and Disposal, stated that Trash cans must be covered at all times except during use. Record review of the Texas Food Establishment Rules, 2015, S228.152(n)(2), revealed: Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (2) with tight-fitting lids or doors if kept outside the food establishment. (o) Using Drain Plugs. Drains in receptacles and waste handling units for refuse, recyclables, and returnables shall have drain plugs in place. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 5-501.113 Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (B) With tight-fitting lids or doors if kept outside the food establishment. 5-501.114 Using Drain Plugs. Drains in receptacles and waste handling units for refuse, recyclables, and returnables shall have drain plugs in place.