STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675396	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo South Nursing and Rehabilitation Center	1100 Galveston St Laredo, TX 78040

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** Based on observation, interview, and record review the facility failed to provide reasonable accommodation of resident needs and preferences for one (Resident #1) of four residents reviewed for call light placement. The facility failed to ensure Resident #1's call light was within reach on 06/29/26. This failure could place residents at risk for needs and accommodations being unmet and a delay in care.Record review of a face sheet dated 6/29/2026 indicated Resident #1 was a [AGE] year-old male, initially admitted on [DATE] and last re-admitted on [DATE], diagnoses included Hypertensive Heart Disease without heart failure (heart damage or structural changes caused by long-term high blood pressure), Epileptic seizures related to external causes (sudden temporary bursts of abnormal electrical activity in the brain that disrupt normal communication between nerve cells), depression, Hemiplegia (the complete or partial paralysis of the entire side of the body) and hemiparesis (partial weakness or reduced control on one entire side of the body) following cerebral infarction (stroke), benign prostatic hyperplasia (non-cancerous enlargement of the prostate gland) without lower urinary tract symptoms, and cognitive communication deficit. Review of a quarterly MDS assessment dated [DATE] indicated Resident #1 had a BIMS (brief interview for mental status) score of 04 which indicated severe cognitive impairment. The MDS indicated Resident #1 was inattentive or had an altered level of consciousness. The MDS revealed Resident #1 needs substantial/maximum assistance with 6 out of 8 activities of daily living regarding self-care. Record review of Resident #1's care plan, undated revealed, Resident #1 is at risk for falls related to needing maximum assistance with activities of daily living, with an intervention to ensure his call light is within reach and to encourage the resident to use it for assistance as needed. During an observation of Resident #1 on 6/29/2026 at 12:36 pm, he was lying in bed with the door open. The call light was observed on the floor underneath the curtain that separated the room into side A and B. The call light was not within reach of Resident #1. During an interview with Resident #1, on 6/29/2026 at 12:36 pm, he stated he usually had his call light, but he did not remember when he had it last. Resident #1 stated he doesn't think he could use his call light and he did not need anything right now. Resident #1 stated if he needed anything he would just call out for help. During an interview with CNA B on 6/29/2026 at 12:45 pm, she stated Resident #1's call light should be within reach. CNA B stated it is not acceptable for residents not be able to reach the call light. CNA B stated, she was not assigned to this resident today, but staff usually made rounds every 2 hours. CNA B stated all residents call lights should be within reach. She stated that the call light is how staff would know if a resident needed something. During an interview with CNA A on 6/29/2026 at 12:45 pm, she stated she had given Resident #1 a shower about 11:30am. She stated she might not have put his call light within his reach. CNA A stated she had been trained that call lights were supposed to be within reach of the residents. CNA A stated the last call light training may have been about a month ago. CNA A stated there are all types of call lights and Resident #1 could use the call light he is assigned, but it must be on his strong side in order for him to press the button. During an interview with the DON on 6/29/26 at 1:00 pm, the DON stated it is her expectation that call lights are to always be within reach of every resident. The DON stated, Resident #1 does make his bed go up and down with his bed remote control and he had tremors which (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	may cause the call light to fall. The DON stated there is a potential for Resident #1 to be harmed or to not have his needs met without his call light. The DON stated it is every staff member's job to ensure call lights are within reach of all residents. The DON stated all staff should make rounds every 2 hours to check on all residents. The DON stated the facility had in-serviced on call lights this month, but she will have one this month. Record review of facility policy titled Call lights: Accessibility and Timely Response and dated 10/13/2022 included verbiage 5. Staff will ensure the call light is within reach of residents and secure, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodation within the room.