

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Laurel Court		STREET ADDRESS, CITY, STATE, ZIP CODE  3830 Mustang Road Alvin, TX 77511	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to incorporate the recommendations from the PASARR Level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care services for 1 of 3 residents (Resident #1) reviewed for PASARR. The facility failed to submit a request through the Simple LTC portal for occupational therapy for Resident #1 within the time frame set by PASARR. This failure could affect residents who required a specialized PASARR service for occupational therapy. Findings included: Record review of Resident #1's face sheet dated 01/15/26 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included autistic disorder (lifelong brain based condition that affects how a person communicates), dementia (decline in mental ability severe enough to interfere with activities of daily living), and cognitive communication deficit (difficulties with speaking, listening, reading with underlying problems with thinking skills like memory). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed under section C0700 the resident had memory problems. Further review revealed Resident #1 needed extensive total care for all ADLs. Record review of Resident #1's care plan initiated dated 09/16/25 and revised on 10/16/25 revealed Resident #1 had been identified as having PASRR positive status related to an intellectual disability. Intervention: Nursing facility would provide habilitative OT services 5X per week: begin date 02/02/26 and end date 07/31/26 completed. Record review of Resident #1's PASRR Comprehensive Service Plan Form from a meeting dated 03/30/25 revealed the LAR accepted the PASRR SS of habilitation coordination. The LA-IDD agreed and wrote . The LAR requested Resident #1 be re-evaluated for OT to see about possibly starting OT again. It also marked number 2, which meant new for specialized assessment occupational therapy and specialized occupational therapy. Record review of Resident #1's 08/15/25 Form Activity from the Simple LTC portal revealed the facility completed an OT assessment on 07/07/25, and on 07/30/25 it read pending state review. During an interview on 03/19/26 at 1:31 p.m., the MDS coordinator and DOR were interviewed. The MDS coordinator said she was not in the facility when the PASARR care plan IDT meeting was held. She said after the meeting, the facility had 20 days to enter NFSS in the portal. The MDS coordinator said it was an oversight, and they would have plans in place to prevent this incident from happening again. The MDS coordinator said Resident #1 would not get the OT services because it was not entered in the portal timely. The DOR said she did not attend the PASARR IDT care plan meeting on 03/30/25 where OT was marked as new. She said the staff from the facility were the DON, former MDS coordinator, Resident #1, RP, PASARR representative, and insurance representative. She said the facility had 20 days to turn in the NFSS, which meant the therapy department would assess Resident #1, document all the necessary information, get the physician to sign, and then enter the information into the portal within 20 days, but it was not done. The DOR said Resident #1 would not get the OT services if it was approved because it was not entered in the portal in a timely manner. During an interview on 03/19/26 at 3:09 p.m., the DON said she attended the PASARR care plan meeting and answered any questions related to Resident #1's nursing clinicals. The DON said she did not know how many days were allowed to (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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>enter the information in the portal after the meeting and said it was the MDS coordinator's responsibility. She said Resident #1 would not get the OT services needed if the required information was not entered in the portal. She said the facility would review the process, identify where the breakdown occurred, and implement plans to prevent it from happening again. During an interview on 03/19/26 at 3:25 p.m., the Administrator said she was never invited to PASARR IDT meetings. She said PASRR staff should have coordinated with the facility so the meeting would have been a full IDT meeting. The Administrator said during the PASRR meeting it was determined Resident #1 needed OT therapy. She said the facility staff had to complete an OT assessment for Resident #1, fill out all necessary documentation, have it signed by the physician, and upload it into the portal within 20 days after the meeting. The Administrator said Resident #1 could have had upper body function decline because she did not receive services. The Administrator said the facility would schedule a full meeting with PASRR to prevent this from happening again. Record review of the facility policy on Resident assessment - coordination with PASARR program, implemented 12/20/25, read in part: . This facility coordinated assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition received care and services in the most integrated setting appropriate to their needs.</p>		