

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2025
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 S Terrell St Falfurrias, TX 78355	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>26141</p> <p>Based on observation and interview, the facility failed to post the daily nurse staffing data at the beginning of each shift in a prominent place, readily accessible to residents and visitors that included the facility name; the total number of hours worked per shift by the registered nurses, the licensed vocational nurses, and the certified nurse aides directly responsible for resident care for the facility for 43 of 43 days reviewed for staffing postings.</p> <p>The facility did not post current daily staffing information from 02/07/25 through 03/22/25.</p> <p>This failure could place the residents, families, and visitors at risk of not having access to information regarding the number of staff working each day to provide care on all shifts.</p> <p>Findings included:</p> <p>Observation on 03/22/25 at 8:50 a.m., Surveyor was conducting an observation of the facility and noticed the Nurse Staffing Data on the wall across from the nurse's station. The date on the Nurse Staffing Data form was 02/07/25.</p> <p>In an interview on 03/22/25 at 4:23 p.m., the DON said the HR person usually completed the form and posted it daily. The DON said the HR person had not worked for about a month, so they would have to hire someone for the HR department. The DON said he was responsible in her absence for completing the form and the posting, but he had been busy and did not keep up with the posting. The DON said he had sufficient staffing.</p> <p>Record review of the facility's policy for Posting Direct Care Daily Staffing Numbers 03/2023 dated September 2022, reviewed on 03/2023 indicated:</p> <p>Our Facility will post on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Policy Interpretation and Implementation</p> <p>1. Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) in a clear and readable format.</p> <p>(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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>2. Directly responsible for resident care means that individuals are responsible for residents' total care or some aspect of the residents' care including, but not limited to, assisting with activities of daily living (ADLs), performing gastrointestinal feeds, giving medications, supervising care given by CNAs, and performing nursing assessments to admit residents or notify physicians of changes of condition.</p> <p>3. Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include the following:</p> <ul style="list-style-type: none"> <li>a. The name of the facility.</li> <li>b. The dated for which the information is posted.</li> <li>c. The resident census at the beginning of the shift for which the information is posted.</li> <li>d. Twenty-four (24) hour shift schedule operated by the facility.</li> <li>e. The shift for which the information is posted.</li> <li>f. Type (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift.</li> <li>g. The actual time worked during that shift for each category and type of nursing staff.</li> <li>h. Total number of licensed and non-licensed nursing staff working for the posted shift.</li> </ul>		