Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

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 04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulf Shores Rehabilitation & Healthcare Center	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)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow the resident's representative the right to exercise the resident's rights to the extent those rights are delegated to the representative for 1 resident (Resident #1) of six residents reviewed for resident rights. The facility failed to ensure that decisions made by the resident's representative were recognized and carried out as the resident's decisions, consistent with the authority established by court order or resident delegation, in accordance with applicable law. This failure could place residents at risk of their rights being violated.Findings included:Record Review of Resident#1's Face Sheet04/27/26 revealed he was 97 years-old, and was admitted to the facility on [DATE] with diagnoses of Dementia (A End stage renal disease (permanent, stage 5 chronic kidney failure where kidneys function at less than 15% of normal, requiring dialysis or a kidney transplant to sustain life)group of thinking an social symptoms that interferes with daily functioning), Restlessness and Agitation, and Hypertension. The Face Sheet also revealed Resident #1 had a family member listed as the responsible party.Record review of Resident #1 care plan revealed the resident has impaired cognitive function/dementia or impaired thought processes related to diagnosis Dementia. The care plan revealed interventions are to monitor, document, report as needed any changes in cognitive function, specifically changes in decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, and mental status. Record review of Resident #1's Annual MDS, date 03/10/26, revealed Resident #1 had impaired vision could see large print but not regular print, BIMS of 3 (indicating a severe cognitive impairment), on antipsychotic and antidepressant, requires help with ADLs, and uses a wheelchair. In Observation on 04/27/26 at 10:37 AM of Resident #1 revealed the resident awake sitting in his wheelchair watching tv was dressed in clean clothes but looked flustered. The resident had problems hearing the questions the state surveyor was asking and started talking about his daughter not coming to see him. The interview was unsuccessful due to the inability of Resident #1 to understand and hear the questions. In an interview with 04/27/2026 at 12:15 pm with the RP of Resident #1 she stated she is a part time evening employee of the facility and did not understand why the BOM did not try contacting her there. The RP stated the BOM told her that Resident #1's fee for living in the facility increased from 780.00 to 1217.79 per and had inquired a balance of 1600.00. The FM stated the resident had a BIMS of 3 and felt Resident #1 could not make that type of decision for himself. The RP stated she did not think the signature on the address change of his retirement check was his. The RP stated the BOM said there was a witness, CNA A, who was present while she acquired the signature. The RP feels that it was foraged because the signature was in print and Resident signed in cursive. The RP stated the CNA A told her she was not in the room with the resident and BOM when he allegedly signed the form in his room, so CNA A did not witness the signature. In an interview on 04/27/26 at 5:00 PM with CNA A she stated she was not a witness to the signing of the retirement income check address change form and never witnessed the form being signed and all the BOM did was pass by her waving the form in the air stating she had finally got a signature. CNA A never witnessed Resident #1 sign the form. CNA A stated the Resident #1 stated cognitive mental status was not good and at times could not remember (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: 675630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
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)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	what he did yesterday but could follow commands you gave him. CNA A stated she could not say for sure if Resident #1 could understand what he was signing if he had signed the form presented to him by the BOM. In an interview on 04/27/2026 at 5:30 with the BOM she stated all residents have a personal fund to keep their 75.00 allowed by the state after the stay in the facility is paid for. The BOM stated anytime there is an increase in their income which is their social security income, and any other retirement income the charges for the facility are increased by the state. The BOM stated RP kept the extra retirement check until March 2026, but in April of 2026 the facility was able to get the retirement income due to the address form being signed by Resident #1. The BOM stated Resident #1 was only being charged about 750.00 a month till 12/01/2025 when the state changed it on 12/31/2025 because the state found out about the additional income which was from his retirement so the fee for residence at the facility increased. The BOM stated that the FM had kept the money and had made payment arrangements with a promissory note to pay for the remaining balance for the months that were not covered by the residents' Social Security Income. The FM was told that she could make payments online as well. The BOM stated a RP is needed when the resident cannot voice his wants and needs. The BOM stated she was always concerned about resident rights and had the first meeting with the FM where they discussed she was going to get the resident to sign the change of addresses so the facility could receive the retirement check. The BOM usually would ask MDS nurse about new residents but did not ask the MDS nurse about Resident #1 because he could say he wanted to stay here. The BOM stated she assumed he was making his needs known and had the address change form for the retirement check to come to the facility. The BOM stated the only time the facility is involved with financial matters is when the resident is not paying the full amount and would find a family member to make that informed decision. The BOM stated she tried to get hold of the RP multiple times by phone and was aware she was an employee and worked the night shift. The BOM stated she spoke with Resident #1 in the hallway about signing the form to change the mailing address of the retirement check and stated CNA A witnessed her as she waved the paper in the air and stated, he signed it. The BOM stated she understands it is policy and procedure is to get the RP to sign or a family member if the resident appoints them. The state informed the facility the resident had additional income after recertification done on 10/07/2025. Resident #1 owes for December an amount of $56.15 and January 2026 of 1217.79. The BOM stated she understood if the BIMS is high the resident may sign for themselves but if the BIMS was low the resident is not cognitive enough to make an informed decision. The BOM stated she did not ask anyone or inform herself about the Resident #1 BIMS. The BOM stated there is no way of tracking this type of trend where residents have additional income, so she had not come across this scenario before. In an interview with Administrator04/27/2026 6:23 PM, she stated the resident can make a decision for him and felt Resident #1 he could make the decision for himself regardless of the BIMS low score. The Administrator stated the resident was owing money because FM was not sending the payments she agreed to pay. The Administrator stated the state had to deem the resident incompetent by court and have no RP for the facility to consider have taken financial responsibility and to take over the income of the residents. The Administrator stated normally you go to court legally with a psychologist and medical doctor and proceed to go through the courts to deem a resident incompetent. The Administrator stated she will go over and education on following policy and procedure. Give 30-day notice for discharge according to policy and procedure. The Administrator stated it is not a normal process to get consent from the resident with a low BIMS score. The FM works here in the evenings, and she takes him to dialysis at times because he does not like the ambulance so she usually can take him. The administrator stated the resident knows what he likes and doesn't like and when the ambulance shows up he says no and stated he liked staying at the facility and is why the form was presented to him to be signed by him. The administrator stated she has tried to work with the FM but she cannot keep the money and should pay the amount owed. The administrator stated she and BOM had meeting with her and why the facility was requiring payment so Resident #1 stayed in facility. In (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675630	A. Building B. Wing	04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulf Shores Rehabilitation & Healthcare Center	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)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review of the facility financial policy and procedure dated 03/05/26 Financial admission Policy and Collection Procedures: Policy statement: it is the policy of the policy of Nexion Health that facility admission procedures be followed to ensure that the correct financial obligations for all charges are established before admission. Facility personnel should never tell a resident that they will not have to pay for services. Guidelines: The procedure set forth in this policy will be the responsibility of the business office manager unless otherwise designated. It is the responsibility of the Administrator to ensure that these procedures are followed. Adherence to the following procedures will assist facility personnel in meeting the Days in Sales (DSO) and cash Collection goals that have been established by senior management. Change of address for other income sources such as pension, retirement, VA, etc. require other methods of completion.

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 04/27/2026
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation and interview the facility must ensure that the resident environment remains as free of accident hazards as is possible 1.The facility failed to ensure the shower door in the 500 hall was closed shut and locked after use. 2.The facility failed to ensure the chemical storage closet in the 400 hall was closed shut was locked after use. 3.The facility failed to ensure the supply closet door in the 200 hall was locked which contained an unlocked electrical fuse box. These failures have the potential to result in serious injury. The findings included: In the initial facility observation on 04/27/26 at 9:53 AM the chemical room door of the 400 wing was left wide open containing cleaning agents for the kitchen and cleaning supplies with no staff in the hallway to monitor. In observation of the 500 wing the shower room was left unlocked after use which contained cleaning agents for hair and body the a resident with mental cognitive issues could ingest and result in harm. In observation of the 200 wing the supply closet door was left unlocked and it contained an electrical fuse box that had no lock on it. In an interview on 04/27/26 at 10:15 AM with HK B she stated she must have forgotten to close and lock the door to the chemical storage closet after she went in to grab cleaning supplies. HK B stated she knew it was very dangerous to leave the door to the chemical room unlocked as a resident who might have Alzheimer's or dementia could wander in and drink chemical that could make them sick and possibly die. The HK stated she would start to double-check the chemical door when she uses it and when she passes by it to make sure it was locked. The last in-service on resident hazards was 2 weeks ago. In an interview on 04/27/26 at 10:36 AM with CNA C stated she works the 500 hall was taking a resident back to the room after their shower and left the door open while transporting the resident. CNA C stated leaving the door open posed danger to a resident that has dementia or Alzheimer's as they could go in slip and fall and injure themselves, lock themselves in and possibly ingest cleaning solutions like shampoo. The CNA stated she had been employed for two week and just had training on accidents and hazards and will be more careful by closing and locking the shower room door. CNA C stated she will be checking the doors of room that need to be locked to ensure the safety of the resident. In an interview on 04/27/2026 10:48 AM with CNA D she stated she and the ADON are the only ones that have a key to the supply room that had the fuse box in it and it was their responsibility to ensure the door was always closed and locked. CNA D stated she must have left the door unlocked after she grabbed supplies. CNA D stated she understands how dangerous it was to leave the door unlocked as a cognitively impaired resident could go in lock themselves in and open the fuse box get electrocuted. The last time an in-service was given on accidents and hazards was two weeks ago. CNA D stated she will make it a point to check the door to make sure it was locked every time she passed the door. CNA D stated the last in-service on accidents and hazards was about 3 weeks ago. In an interview on 04/27/2026 10:54 AM at with CNA E she stated she was the CNA for the 200 hall and does not know the supply room was left unlocked but stated it was normally always locked. CNA E stated the ADON and CNA D are the only ones that have a key and can open and lock the door. CNA E stated she knew that it was dangerous for a resident to go in that room because it has a fuse box and the resident can get electrocuted. CNA E stated she will try to check all door that should be locked in the hall she works. The last time she had a in-service was about a month ago. In an interview on 04/27/26 at 10:59 AM with the ADON she stated she and CNA D are responsible for securing the door be lock to the supply room with the fuse box. The ADON stated she the back up to CNA D in case she cannot be found or wasout of the facility. The ADON stated all doors to supply rooms and Shower rooms must remain locked as it posed a hazard to residents that have Alzheimer's or dementia as they can lock themselves in ingest harmful chemicals, slip and could fall possibly injuring themselves and with the fuse box in the supply room possibly electrocuting themselves. The ADON stated she and the DON will be conducting in-services to reeducate all staff on the importance of locking doors to rooms that residents should not have access to. In an interview on (continued on next page)

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 04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulf Shores Rehabilitation & Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	04/27/2026 at 11:11 AM with the DON he stated all doors to shower room and supply room must be always locked as this could pose a hazard to any resident with cognitive impairment. The DON stated all CNAs and nurses have keys to shower rooms and the supply room with the fuse box only CNA D and the ADON have a key, and all staff should be checking doors to ensure these rooms cannot be accessed by residents. The doors are to be checked at every shift by the nurses and CNAs during every round or after-use. In an interview with the Administrator04/27/2026 6:37 PM she stated for she normally does daily rounds all day long, but she was not here that morning. The Administrator stated she had a backup team to go around and secure doors are locked but could not say why the doors were left open. The Administrator stated it was the responsibility of all the staff members to ensure all doors are locked to shower rooms, the chemical room, and the supply room that contained the fuse box. The administrator stated leaving the doors unlocked could cause the resident harm like a slip and fall resulting in a major injury, a resident with mental cognitive problems could possibly drink the chemicals in the chemical room, and in the shower room get cut with razors or drink cleaning agents, and lock themselves for in without staff knowing. The Administrator stated maintenance man went around fixing any broken locks that were on the maintenance report log that the staff logs anything that needs fixing. The Administrator stated she would be purchasing keypads for all the doors that need to be locked to ensure only staff can enter. There was an in-service done today with all staff to ensure all doors checked upon pass and after use. Record review of the facility's Hazardous Areas, Device and Equipment policy dated 07/2017 indicated: All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. 2. any element of the resident environment that has the potential to cause injury and that was accessible to a vulnerable resident was considered hazardous.