STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675637	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wooldridge Place Nursing Center	7352 Wooldridge Rd Corpus Christi, TX 78414

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 2 residents (Resident #1 and Resident #5) of 5 residents whose care plans were reviewed. 1. The facility failed to ensure Resident #1's care plan addressed her sexual relationship with Resident #5. 2. The facility failed to ensure Resident #5's care plan addressed his sexual relationship with Resident #1. This deficient practice could place residents in the facility at risk of not being provided with the necessary care or services, and the implementation of personalized plan of care developed to address their specific needs. The findings included: 1. Record review of Resident #1's admission record on 05/28/26 reflected an [AGE] year-old female resident initially admitted to the facility on [DATE] with most recent admission on [DATE]. Her diagnoses included chronic obstructive pulmonary disease (a progressive, incurable lung disease that causes inflammation and difficulty breathing), unspecified dementia (loss of memory, language, problem solving and other thinking abilities which significantly impair a person's ability to perform daily activities), nontraumatic intracerebral hemorrhage (a spontaneous bleed directly into the brain tissue not caused by a head injury), cognitive communication deficit (difficulty with communication, muscle weakness, and difficulty in walking. Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS score of 8 which indicated she had moderate cognitive impairment. Record review of Resident #1's care plan dated 12/08/23 reflected her sexual relationship with Resident #5 was not addressed. Record review of Resident #1's progress notes reflected a note dated 04/24/26 by the DON that stated, DON spoke with resident RP [name]. Informed RP of resident's sexual relationship with another male resident. RP verbalized understanding of situation and stated the resident is going to do what she wants to do and its ok. Physician aware as well. 2. Record review of Resident #5's admission record reflected a [AGE] year-old male resident admitted to the facility on [DATE]. His diagnoses included chronic obstructive pulmonary disease (a progressive, incurable lung disease that causes inflammation and difficulty breathing), alcohol dependence with alcohol induced persisting dementia (damage done to nerve cells in the brain caused by long term alcohol consumption in unsafe amounts), muscle weakness, hypertension (high blood pressure), and generalized anxiety disorder (mental disorder characterized by excessive and persistent worry, fear, or anxiousness which significantly interferes with daily life). Record review of Resident #5's quarterly MDS dated [DATE] reflected a BIMS score of 9 which indicated he had moderate cognitive impairment. Record review of Resident #5's care plan dated 08/14/25 reflected his sexual relationship with Resident #1 was not addressed. In an interview on 05/28/26 at 1:15 pm, LVN A stated Resident #1 and Resident #5 have had a sexual relationship for months. She stated Resident #5 said things about Resident #1 such as he did not want to leave her and wanted to make sure she was taken care of. LVN A stated she had gone into Resident #5's room once and he and Resident #1 joked with her about their sexual relationship. In an interview on 05/28/26 at 2:05 pm, Resident #5 stated he and Resident #1 were in a romantic relationship and they were engaged. He stated the relationship was okayed by the Adm and the SW. Resident #5 stated he and Resident #1 frequently were in his room watching movies and so (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on. He stated he and Resident #1 would eventually move into a place together. In an interview on 05/28/26 at 2:32 pm, Resident #1 stated she did not have a boyfriend. She stated she did have a male friend but denied a sexual relationship with him and denied that she had sex at all. In an interview on 05/28/26 at 2:49 pm, Resident #1's RP stated she was made aware of a sexual relationship between Resident #1 and a male resident. She stated the DON let her know about the relationship shortly before Easter. The RP stated she felt that Resident #1 was able to say, no if she did not want to do anything or be with Resident #5. In an interview on 05/28/26 at 4:30 pm, MA B stated Resident #1 spent a lot of time in Resident #5's room. She stated she never walked in on them doing anything other than talking or watching tv. If there was a sexual relationship between two residents that she witnessed, she would tell her nurse right away. If it was not something she witnessed, she stated she would probably find out in shift report. She stated he had heard about Resident #1 and Resident #5 from other staff several days ago but had not seen anything. MA B named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. In an interview on 05/28/26 at 4:40 pm, LVN C stated she had worked at the facility for about a year. She stated Resident #1 and Resident #5 had a sexual relationship. She stated she walked into Resident #5's room about 2 months ago on evening shift and Resident #1 was touching Resident #5 in a sexual manner. LVN C stated the entire staff was aware of the sexual relationship and they made it a point to educate new staff to knock and wait before entering Resident #5's room. She stated she had not seen anything in writing about their sexual relationship and other staff were made aware by word of mouth. She stated she did not report it to anyone since she was already aware of the relationship. LVN C stated if she had not known about Resident #1 and Resident #5's sexual relationship and walked in on it, she would have notified the ADON or DON and Resident #1's RP and provider. LVN C named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. In an interview on 05/28/26 at 5:04 pm, LVN D stated she started working at the facility on 03/10/26. She stated all she knew about Resident #1 and Resident #5 was what she had heard from other staff. She stated she had not seen anything herself. She stated if she walked in on residents in a compromising position, she would separate them, talk to them to see if it was consensual, contact the DON and the Resident's RPs and let the provider know. LVN D named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. In an interview on 05/28/26 at 5:16 pm, CNA E stated she had worked at the facility since October 2025. She stated she did not work with Resident #1 and Resident #5. She stated she had not heard anything about a sexual relationship between them, but she did not work their hall. She stated if she walked in on something sexual between 2 residents, she would shut the door and tell the nurse immediately, as that was what she was taught to do. CNA E named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. She stated the last in-service on abuse and neglect was about 2 days ago and they were usually about 2 times a month. In a telephone interview on 05/28/26 at 5:31 pm, the SW stated she had heard from other people that Resident #5 said he was an attorney and he was representing Resident #1 and that they had a relationship. She stated she had not witnessed any type of sexual relationship between them. She stated she never talked to Resident #5 about a relationship with Resident #1. The SW stated if she knew of a sexual relationship between residents, she would notify the administrator. She stated a sexual relationship between Resident #1 and Resident #5, or any resident, should have been care planned. She stated if she walked in on something sexual between 2 residents, she would shut the door and tell the nurse immediately, as that was what she was taught to do. The SW named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. She stated the last in-service on abuse and neglect was about 2 days ago and they were usually about 2 times a month. In a telephone interview on 05/28/26 at 5:45 pm, the MDS nurse stated she was not 100% sure what type of (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	relationship Resident #1 and Resident #5 had. She knew they seemed to enjoy spending time together. She stated she had seen them hanging out in his room and her room and in activities together. He also pushed her wheelchair around. She stated care plans were normally updated every 3 months and as needed and any of the nurses could update them. She stated if Resident #1 and Resident #5 were in a sexual relationship it should be care planned. She stated if she witnessed sexual abuse, she would provide privacy and tell the DON as long as it did not seem nonconsensual. The MDS nurse named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. She stated the last in-service on abuse and neglect was about 2 days ago and they were usually quarterly and as needed. In an interview on 05/28/26 at 6:05 pm, the ADON stated she had never seen any sexual interaction between Resident #1 and Resident #5. She stated she had seen them together holding hands, but nothing more. The ADON stated she had heard that Resident #1 and Resident #5 had a sexual relationship from other staff. She stated the ombudsman also knew about it. She stated she heard about it 2 to 3 weeks ago. The ADON stated if she walked in on residents in a consensual sexual situation, she would provide privacy and report it to the DON and the Adm. The ADON stated a sexual relationship between residents should be care planned. The ADON named the abuse coordinator, types and examples of abuse and neglect, what to do if she saw, heard, or suspected abuse, and when and who to report to. She stated the last in-service on abuse and neglect was about 2 days ago and they were usually quarterly and as needed. In interview on 05/28/26 at 6:27 pm, the DON stated she had not seen Resident #1 and Resident #5 in a sexual situation, but she heard about it, so she notified Resident #1's RP about it a few weeks ago. She stated Resident #5 was his own RP. The DON stated she spoke to Resident #1 when she found out about the relationship with Resident #5. She stated she wanted to ensure Resident #1 was able to consent to a sexual relationship. The DON stated Resident #1 told her she was in a sexual relationship with Resident #5 and she enjoyed spending time with him. The DON stated the Adm told her to have the SW notify the ombudsman. She stated the facility had not in-serviced the staff about the relationship, but they probably should have so that everyone was aware. The DON stated she did not care plan it because she just did not think about it as it was not a common occurrence. She stated if she walked in on any other 2 residents in a sexual situation and she knew they were both able to consent, she would provide privacy, document, and care plan it. If it involved a resident who was not able to consent, she would separate them, notify the Adm, the RPs, the provider, and the police. In an interview on 5/28/26 at 6:35 pm, the Adm stated he was aware of the relationship between Resident #1 and Resident #5. He stated had spoken to both residents about it and they both confirmed the relationship. He stated he spoke to Resident #1 alone and she told him she was ok with her relationship with Resident #5. Record review of the facility's Area of Focus: Care Planning- Baseline, Comprehensive, and Routine Updates policy dated 01/04/22 and reviewed on 12/04/25 reflected in part: WhyComprehensive Care PlanFederal regulation. requires the facility to develop and implement a comprehensive person-centered care plan for each resident.that includes measurable objectives and time frames to meet a residents medical nursing, and mental and psychosocial needs that are identified in the comprehensive assessment (MDS). HowComprehensive Care Plan2. The comprehensive care plan must include problem/focus statement, measurable goals, and interventions.Process Step/Objective- Recognition/Assessment: Gather information about the individual.Key Tasks- Identify and collect information that is needed to identify and individual's conditions that enables proper definition of their conditions, strengths, needs, risks, problems, and prognosis.Process Step/ Objective- Problem definition: Define the individual's problems, risks, and issues.Key Tasks- Identify any current consequences and complications of the individual's situation, underlying condition, and illnesses, etc. Clearly state the individual's issues and physical, functional, and psychosocial strengths, problems, needs, deficits, and concerns. Define significant risk factors.Process Step/ Objective- Identifying goals and objectives of care: Clarify purpose of providing care and of specific interventions, and the criteria that will be used to determine whether the (continued on next page)

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