| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675638 | A. Building<br>B. Wing | 06/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Twin Pines Nursing and Rehabilitation | 3301 East Mockingbird Lane<br>Victoria, TX 77904 |

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 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed ensure the coordination of assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort for 1 of 4 residents (Resident #1) reviewed for PASRR services. Resident #1's NFSS form to request services was not completed and submitted within the required 20 business days of the IDT meeting conducted on 10/02/2025. This failure could place residents identified as intellectually or developmentally disabled at risk of not receiving specialized services and equipment to meet their needs. The findings included: Record review of Resident #1's admission sheet dated 5/14/2026 with an original admission date of 10/04/2024, documented a [AGE] year-old-male resident with diagnoses including cerebral palsy (a group of neurological conditions that affect muscle movement, posture, and coordination often caused by a brain injury or abnormal development of the brain before, during, or shortly after birth), seizures, intellectual disabilities, and scoliosis (a side-to-side curve of the spine). Record review of Resident #1's quarterly MDS assessment dated [DATE], documented a BIMS score of 5 indicating severe cognitive impairment and recorded a positive response in Section GG - Functional Abilities GG0120. Mobility Devices Check all that were normally used in the last 7 days C. Wheelchair (manual or electric). Further review of the assessment recorded the diagnoses of cerebral palsy and seizure disorder in Section I - Active Diagnoses. Record review of Resident #1's order summary included orders for a wheelchair with an order date of 02/18/2026, physical therapy with an order date of 5/19/2026, and for occupational therapy with an order date of 5/19/2026. A wheelchair was ordered as May use wheelchair. Physical therapy was ordered as resident to be seen 5 x/week for 60 days that includes Therapeutic Exercises, Therapeutic Activities, Neuromuscular reeducation, Manual therapy, Wheelchair management training and Group therapy. Occupational therapy was ordered as eval and TX 3 x per week X 30 days. POC to include Ther-ex, Ther-Act, Neuro-[NAME], ADLs, endurance, cardio, and safety awareness. Record review of Resident #1's care plan with an initiation date of 10/04/2024, documented the resident has IDD and is PASRR positive. Patient with DX of Cerebral Palsy, with a goal of Resident will have the specialized services recommended by local authority per PASRR Specialized Services program as needed. Further review of the care plan noted The resident has Cerebral Palsy. with a goal of The resident will be able to function at the fullest potential possible as outlined by the treatment team. Record review of Resident #1's IDT LIDDA HSP dated 10/09/2025, documented the resident had agreed to continue PASRR services, and that the resident was receiving physical therapy through Part B three times a week. Further review of the service plan noted a custom wheelchair was needed, and the resident was currently borrowing one from the nursing facility until he could get his own. Record review of an email sent by PASRR to the Administrator on 02/20/26 documented the HHSC PASRR unit had not received a request for specialized services from the facility within 20 business days following the date that the services were agreed to in the IDT meeting which occurred on 10/09/2025. Record review of Resident #1's NFSS submission documented a service request for physical therapy on 3/05/2026, and noted the<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | resident used a wheelchair as a means of mobility within the facility. Record review of Resident #1's PCSP dated 4/07/2026, documented in Section A3300. Local Authority Comments No DME required. During an interview with the DOR on 6/02/2026 at 1:44 PM, the DOR stated Resident #1 had received physical therapy and occupational therapy services since he became a resident of the facility on 10/04/2024 through a preferred partners health plan offered to residents of the facility. The DOR stated they discussed the use of a custom wheelchair during the last IDT meeting on 4/07/2026, and the resident declined the custom wheelchair in favor of his standard wheelchair which he had used since admission. The DOR further stated the IDT meetings were conducted with the resident and the representative from the LIDDA and held annually and quarterly. The DOR stated she did not know if the LIDDA representative submitted a report to the portal. During an interview with the Social Worker on 6/02/26 at 1:59 PM, the Social Worker stated Resident #1 refused the offer of a custom wheelchair. During an interview with the MDS RN on 6/02/26 at 3:39 PM, the MDS RN stated IDT meetings were conducted annually and quarterly for residents who needed services, and meetings were set up by the LIDDA. The MDS RN stated the facility provided services and specialized equipment if a resident required it, regardless of a resident's PASRR status. The MDS RN stated it was her responsibility to submit the annual IDT reports to the state, and it was the responsibility of the LIDDA to submit quarterly IDT reports to the state. During an interview with the MDS LVN on 6/02/2026 at 3:49 PM, the MDS LVN stated if there was an update to a resident's plan, the facility needed to send a new NFSS to the state, but the IDT report needed to be submitted regardless of any changes in the resident's care. During an observation and interview with Resident #1 on 6/03/2026 at 10:33 AM, the resident was observed sitting in his standard wheelchair in his room while visiting with a family member on video. Resident #1 stated he did not prefer the recommended custom wheelchair to his standard wheelchair and wanted an electric one. Record review of the facility policy titled PASRR Nursing Facility Specialized Services Policy and Procedure, revised 2023, noted Policy: It is the policy of Creative Solutions in Healthcare facilities to ensure NFSS Forms are submitted timely and accurately. and 9. The facility only has 20 business days from the Date of the PCSP meeting to submit a completed and accurate NFSS Form. |