STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675717	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Rafael Nursing and Rehabilitation Center	3050 Sunnybrook Rd. Corpus Christi, TX 78415

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents were free from any significant medication errors for four of 27 residents (Resident #1, Resident #3, Resident #47, and Resident #123) reviewed for medication errors. The facility failed to hold Resident #1's midodrine (blood pressure medication) when Resident #1's blood pressure was outside of physician's parameters on May 6th, 13th, 14th, and 21st of 2026.The facility failed to hold Resident #3's Midodrine when Resident #3's blood pressure was outside of the physician's parameters on May 5th, May 6th, May 7th, May 8th, May 10th, May 13th, May 18th, May 20th, May 21st, May 22nd, May 23rd, May 24th, May 26th, May 27th, and May 28th.The facility failed to hold Resident #123's midodrine when Resident #123's blood pressure was outside of physician's parameters on May 23rd, 25th, 26th and 28th of 2026.The facility failed to hold Resident #47's midodrine when Resident #47's blood pressure was outside of physician's parameters on May 1st, May 2nd, May 3rd, May 5th, May 6th, May 7th, May 12th, May 20th, May 25th, May 26th, 2026. These failures could place residents at risk of complications such as increased blood pressure, exacerbation of symptoms, and potential hospitalization.Based on observation, interview and record review, the facility failed to ensure residents were free from any significant medication errors for four of 27 residents (Resident #1, Resident #3, Resident #47, and Resident #123) reviewed for medication errors. The facility failed to hold Resident #1's midodrine (blood pressure medication) when Resident #1's blood pressure was outside of physician's parameters on May 6th, 13th, 14th, and 21st of 2026.The facility failed to hold Resident #3's Midodrine when Resident #3's blood pressure was outside of the physician's parameters on May 5th, May 6th, May 7th, May 8th, May 10th, May 13th, May 18th, May 20th, May 21st, May 22nd, May 23rd, May 24th, May 26th, May 27th, and May 28th.The facility failed to hold Resident #123's midodrine when Resident #123's blood pressure was outside of physician's parameters on May 23rd, 25th, 26th and 28th of 2026.The facility failed to hold Resident #47's midodrine when Resident #47's blood pressure was outside of physician's parameters on May 1st, May 2nd, May 3rd, May 5th, May 6th, May 7th, May 12th, May 20th, May 25th, May 26th, 2026. These failures could place residents at risk of complications such as increased blood pressure, exacerbation of symptoms, and potential hospitalization. The findings included: 1. Record review of Resident #1's face sheet dated 05/27/26 revealed a [AGE] year-old male with an initial admission date of 07/23/25 and current admission date of 04/26/26. Resident #1's pertinent diagnosis included Heart Failure (condition where the heart muscle is too weak or too stiff to pump blood efficiently throughout the body). Record review of Resident #1's Comprehensive MDS assessment dated [DATE] revealed a BIMS score of 15 indicating his cognition was intact. Record review of Resident #1's Comprehensive Care Plan dated 05/26/26 revealed the focus The resident has hypotension (Low blood pressure) initiated on 08/05/25. An intervention listed for this focus included Give medications as ordered. Monitor for side effects and effectiveness. - midodrine initiated on 08/05/25. Record review of Resident #1's order summary on 05/26/26 revealed an active order for midodrine HCL oral tablet 10 MG Give 1 tablet by mouth three times a day for hypotension HOLD IF BP GREATER THAN 110/60 initiated on 04/27/26. Record review of Resident #1's MAR for May 2026 revealed midodrine was (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administered at the following dates and time slots with associated blood pressures:May 6th, 2026, at 9:00 PM - 134/76 by RN DMay 13th, 2026, at 9:00 PM - 126/66 by RN DMay 14th, 2026, at 9:00 PM - 132/68 by RN DMay 21st, 2026, at 9:00 AM - 128/66 by MA E During an interview with RN D at 4:00 PM on 05/28/26, RN D stated administering midodrine to a resident that already had high blood pressure could cause it to go too high leading to harm and possibly a stoke. RN D stated she may have been in the habit of passing medications and not paying attention to the parameters of the resident. RN D stated according to the MAR it looked like she administered midodrine outside of parameters to Resident #1 on May 6th, May 13, and May 14th. RN D stated she should not have administered midodrine to Resident #1 at those times with the recorded blood pressures. During an interview with MA E at 4:14 PM on 05/28/26, MA E stated administering midodrine to a resident that already had high blood pressure could cause it to go too high leading to harm. MA E stated according to the MAR it looked like she administered midodrine outside of parameters to Resident #1 on May 21st. MA E stated she should not have administered midodrine to Resident #1 at that time with the recorded blood pressure. MA E stated she was not sure why she gave the midodrine to Resident #1 on May 21st, when his blood pressure was outside the physician's parameters. During an interview with the DON at 6:07 PM on 05/28/26, the DON stated midodrine was used to raise a resident's blood pressure. The DON stated giving midodrine to a resident with high blood pressure could cause them to be hospitalized . The DON stated if a resident's blood pressure was outside of the physician's parameters, it should not have been administered. 2. Record review of Resident #3's face sheet, dated 05/27/26, revealed a [AGE] year-old male with an original admission date of 12/03/2024, and a current admission date of 04/04/2026. Resident #3's pertinent diagnoses include Hypotension (low blood pressure). Record review of Resident #3's Quarterly MDS Assessment, dated 04/10/2026 revealed a BIMS score of 08, which indicated moderately impaired cognition. The MDS assessment also revealed Resident #3 had an active diagnosis of Orthostatic Hypotension (a sudden drop in blood pressure when standing up). Record review of Resident #3's Comprehensive Care Plan, reviewed 05/28/2026, revealed the focus The resident has hypotension initiated on 12/12/2025. Interventions for Resident #3 included Give medications as ordered. Monitor for side effects and effectiveness. - midodrine. Record review of Resident #3's physician order summary on 05/28/2026 revealed an active order started on 04/05/2026 for Midodrine 10 MG; Give 10 MG by mouth every 8 hours for hypotension; Hold if SBP (systolic blood pressure - the top number of the blood pressure) was greater than 110. Record review of Resident #3's MAR for May 2026 revealed Midodrine was administered on the following dates and times outside of recommended parameters:May 5th, 2026 at 12:00 AM - 115/63 - Administered by: the WCNMay 5th, 2026 at 4:00 PM - 118/58 - Administered by: MA-EMay 6th, 2026 at 12:00 AM - 115/62 - Administered by: LVN-KMay 6th, 2026 at 4:00 PM - 116/52 - Administered by: MA-EMay 7th, 2026 at 12:00 AM - 118/68 - Administered by: RN-DMay 8th, 2026 at 4:00 PM - 116/56 - Administered by: MA-EMay 10th, 2026 at 4:00 PM - 136/75 - Administered by: the ADONMay 13th, 2026 at 4:00 PM - 116/52 - Administered by: MA-EMay 18th, 2026 at 8:00 AM - 113/56 - Administered by: MA-EMay 20th, 2026 at 4:00 PM - 115/56 - Administered by: MA-EMay 21st, 2026 at 12:00 AM - 128/74 - Administered by: LVN-LMay 22nd, 2026 at 12:00 AM - 126/76 - Administered by: LVN-LMay 23rd, 2026 at 4:00 PM - 112/66 - Administered by: LVN-MMay 24th, 2026 at 12:00 AM - 128/74 - Administered by: LVN-LMay 26th, 2026 at 12:00 AM - 132/76 - Administered by: LVN-LMay 27th, 2026 at 12:00 AM - 134/79 - Administered by: LVN-LMay 28th, 2026 at 12:00 AM - 128/74 - Administered by: LVN-L Attempted to interview Resident #3 on 05/28/2026, but he had an extremely difficult time trying to understand questions or express himself. In an interview on 05/28/2026 at 3:55 PM, RN-D stated Midodrine was administered to patients with low blood pressure to bring the blood pressure up. RN-D stated if the patient's blood pressure was already elevated, and Midodrine was administered, it could have caused the blood pressure to continue to rise, and this could have caused the patient harm or to even have a stroke (a sudden interruption of blood flow to the brain). RN-D stated she thought she just administered the medication by accident out of habit of just administering (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	all of the patient medications and not paying enough attention to the physician's parameters. RN-D stated the parameters were there to help protect patients, and the times she administered Midodrine outside of the ordered parameters, she should have held it. In an interview on 05/28/2026 at 4:14 PM, MA-E stated Midodrine was used to bring up the blood pressure when it was too low. MA-E state Midodrine orders should have parameters to determine if the medication should be administered or held, and these orders and parameters should have been followed. MA-E stated if Midodrine was administered outside of the parameters, the blood pressure could have continued to rise and caused the resident to have symptoms of high blood pressure. She stated she was not sure why she gave the medication outside of parameters, but it was just an accident or misunderstanding. In an interview on 05/28/2026 at 4:48 PM, the ADON stated he sometimes worked the floor passing medications, and he realized he had administered blood pressure medication outside of parameters by mistake. The ADON stated Midodrine was used to bring up low blood pressure, and if the resident's blood pressure was already elevated, it could have continued to rise. He stated this could have caused the resident harm, and it was an honest mistake. 3. Record review of Resident #123's face sheet, dated 05/26/26, revealed a [AGE] year-old female with an admission date of 05/22/2025. Resident #123's diagnoses included Schizophrenia (A Chronic mental health condition that affects a person's thoughts, feelings, and behaviors), Depression (a group of conditions associated with the elevation or lowering of a person's mood), Anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and Hypotension low blood pressure, is generally defined as readings lower than 90/60 mm/Hg. Record review of Resident #123's MDS comprehensive assessment had not been completed as she had on been admitted to the facility on [DATE]. Record review of Resident #123's physician orders started 05/22/2026 revealed an active order for Midodrine 5mg, take 1 tablet by mouth three times a day for hypotension and give if blood pressure is less than 90/50.05/23/26 - B/P 111/67 at 9:00 a.m. - Midodrine administered by LVN C05/25/26 - B/P 90/60 at 9:00 a.m. Midodrine administered by LVN C05/25/26 - B/P 103/56 at 5:00 a.m.-Midodrine administered by MA-I05/26/26 - B/P 92/55 at 9:00a.m.- Midodrine administered - MA-I05/28/25 - B/P 99/67 at 9:00 a.m.-Midodrine administered by LVN-C In an interview and observation on 05/28/2028 at 10:47 AM with Resident #123 was lying in bed alert and able to answer question and she stated she felt good and had not experienced any dizziness, light headedness, headache, nausea, or weakness since she arrived at the facility on 05/22/2026. In an interview on 05/28/2026 at 4:33 PM with LVN C, she stated she worked here for almost 2 years. LVN C stated Midodrine is used to bring up blood pressure. LVN C stated a typical order for Midodrine will state to hold if blood pressure is over 90/50 mm/Hg. LVN C stated if blood pressure is already elevated and you administer it; the blood pressure would continue to rise. LVN C stated an in-service on following physician's orders was conducted today and are given quarterly. LVN C stated determining to administer medication was a nursing judgment if the blood pressure was off by a couple of points. LVN C stated maybe the nurse should call and clarify the order with the doctor before administering. LVN C stated she was not sure why she had administered the medication on 05/23/2026 and which was the date she was admitted , but today I thought the medication was held. LVN C stated I may have given the morning dose, but held the afternoon dose because I wanted to call the doctor to clarify the order. In an interview on 05/28/2026 at 4:48 PM with ADON and Infection Control, stated he has worked floor sometimes as needed. The ADON stated Midodrine is used to bring low blood pressure up a regular reading. The ADON stated If residents' blood pressure is already elevated and you administer Midodrine, it will continue to rise. The ADON stated he thought it was just an honest mistake giving the resident the medication outside of parameters by the nursing staff. The ADON stated he does not recall any residents having elevated blood pressures after the medication was administered. Vital signs should be documented in the MAR when administering blood pressure medication, including midodrine. The ADON stated the nurse must trigger the vital signs box in order for it to trigger on the MAR. The ADON stated If the resident's medications are listed or documented in (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the MAR, then the medication was given without checking the blood pressure, which could negatively affect the residents and possibly harm or cause a stroke. In an interview 05/28/26 at 6:05 PM, the MDS Coordinator stated she entered the orders for Resident #123 and entered the order for the medication as the physician ordered. The MDS Coordinator stated she verified the parameters with the physician were not normal parameters for this medication. The MDS Coordinator stated she entered the orders as he instructed and would never change them unless instructed by the MD. The MDS Coordinator stated if a resident's blood pressure was slightly outside of parameters, she would use her nursing judgement and administer the medications. In an interview with the DON he stated reports are ran each morning to monitor errors in documentation of resident medical information entered during each shift. The DON stated the ADON's are responsible for running reports and reviewing them for errors and missing documentation in each area of treatment. 4. Record review of Resident #47's face sheet dated 05/28/26 indicated a [AGE] year-old-male admitted on [DATE] with the diagnoses of Cerebrovascular Disease (condition affecting blood flow and blood vessels in the brain), Essential Hypertension (high blood pressure), Hypotension (low blood pressure). Record review of Resident #47's May 2026 physician order summary report indicated Midodrine (used to treat symptomatic orthostatic hypotension/low blood pressure) Oral Tablet 10mg. Give 10mg by mouth two times a day for hypotension. Hold if Blood Pressure Greater than 110/60, start dated 03/09/26. Vital Signs every month, every day and night shift every month, start date; 06/05/2025. Record review of Resident #47's May 2026 Medication Administration Record indicated there were no blood pressures documented on the following days Midodrine was administered; 05/01/26 5pm-BP not taken LVN N-05/02/26 9am BP not taken LVN N-05/02/26 5pm-BP not taken LVN N05/03/26 9am BP not taken LVN N-05/03/26 5pm-BP not taken LVN N-05/05/26 9am-BP not taken LVN N-05/06/26 5pm-BP not taken LVN N-05/07/26 5pm-BP 120/73 LVN N-05/12/26 5pm-BP not taken LVN N-05/20/26 5pm-BP not taken LVN N-05/25/26 9am-BP not taken LVN N-05/25/26 5pm-BP not taken LVN N-05/26/26 9am-BP110/78 Administered by LVN N Record review of Resident #47 2026 vital sign log indicated there were no blood pressures documented for the days listed above. Record review of Resident #47's Care Plan dated 05/18/26 indicated The resident has hypotension. Give medication as ordered. Monitor for side effects and effectiveness. Midodrine . Interview with LVN M on 05/28/26 at 5:32 pm she stated the blood pressure was taken before administering Midodrine. She sometimes gave the medication if it was outside the parameters of 110/60 depending on the resident because she knew the residents and their blood pressure and how the medication would affect their blood pressure. If the medication is given when a resident's blood pressure is over parameters of 110/60 it could lead to the resident having rapid heart rate which could lead to tachycardia (Rapid heart rate) and stroke. If Blood pressures readings are not documented in the Medication Administration Record it was assumed the blood pressure was not taken and it would be a medication error. It is important to document, so you have proof that you took the blood pressure and administered the medication. Interview with the DON on 05/28/26 at 6:30 pm revealed he stated Nurses and Med Aides should take blood pressures of residents before administering any blood pressure altering medication. You need to get a baseline so you can make medication adjustments as needed. The DON stated that he ran a report daily indicating which blood pressures were taken and documented and the ADONs check it daily. However, since they had been short staff and busy with other issues, they have not monitored any documentation in the past 2 weeks. Record review of facility's Administering Medication Policy revised 04/2019 indicated Medications are administered in a safe and timely manner as prescribed 23. As required or indicated for medication, the individual administering the medication records in the Resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration; d. the injection site (if applicable); e. any complaints or symptoms for which the drug was administered; f. any results achieved and when those results were observed; and g. the signature and title of the person administering the drug. Record review of the facility's policy Administering Medications dated April 2019 revealed the following policy: .4. Medications are (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administered in accordance with prescriber orders, including any required time frame.10. The following information is checked/verified for each resident prior to administering medications:a. Allergies to medications; andb. Vital signs, if necessary.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles for 2 of 8 medication carts (Nurse Cart 1 and Nurse Cart 2) and 2 of 2 supply rooms (nurses' supply room and general supply room) reviewed for storage. The facility failed to keep medication carts free from expired supplies and unnecessary food/drink items. Nurse Cart 2 contained LVN C's personal items, drinks, and snacks at 3:25 PM on 05/27/26. Nurse Cart 1 contained expired COVID tests at 3:53 PM on 05/27/26.The facility failed to keep the nurses' supply room and the general supply room free from expired supplies. The failure could place residents in the facility at risk of receiving treatment from expired supplies and contamination of medications.Findings included:1. During an observation at 3:25 PM on 05/27/26, a bottle of soda was found in the drawer of Nurse Cart 2. Further observation revealed one small bag full of pens and another larger bag with an unopened granola bar snack inside in another drawer of Nurse Cart 2. During an observation at 3:53 PM on 05/27/26, the bottom drawer of Nurse Cart 1 contained a small box of 2 COVID tests. The expiration date on the small box revealed the tests expired on 10/31/25. During an interview at 3:30 PM on 05/27/26, LVN C stated she was in charge of Nurse Cart 2 for her shift. LVN C stated the soda and two bags of items in Nurse Cart 2 were hers. LVN C stated she knew she was not supposed to store her drink or snacks in the medication cart. LVN C stated the other two bags had her personal items in them. LVN C stated she did not know she was not supposed to store her personal items in the medication cart. LVN C stated there was a risk of contaminating the medications if food and drinks were stored alongside them. During an interview with the DON at 6:07 PM on 05/28/26, the DON stated medication carts were only supposed to contain things related to the administration of medication to residents. The DON stated nurses were not supposed to keep personal snacks, drinks, or personal items in the medication carts. The DON stated food and drinks could attract bugs leading to contamination of medication in the carts. The DON stated expired supplies should not be stored in the medication carts. The DON stated expired supplies should be removed and disposed of properly. 2. Observation of the nurses' storage room and interview with the DON on 05/28/26 at 12:00 pm revealed multiple cases of enteral feeding stacked randomly, not by use by dates, on the shelves and floor. One of the cases had a use by date of 05/01/26. There were 31 total Lopez valves (a special valve with stopcocks used on gastrostomy tubes for enteral feeding, flushing, and administering medications); 4 were dated 07/01/25, 10 dated 09/01/25, 5 dated 08/01/25, and 2 dated 03/01/26. The DON said yes, they have expired. He said the nurses or whoever gets the milk (meaning enteral feed) for the residents should be checking the dates at the time they get it from the supply closet. He said the facility was supposed to be using the first in, first out system (meaning the oldest date should be used first). He said the supply room person was taking a resident out of town to an appointment and was unavailable for an interview. Observation of the general storage room on 05/28/26 at 12:10 pm revealed 11 straight catheters (for urine testing) dated 03/28/25. 4, IV (intravenous) tubing caps dated 01/18/25. The DON said yes, they have expired. He said the supply room person was responsible for removing expired supplies from all supply closets. He said he was ultimately responsible because expired items if used on residents could cause illness from cross contamination. He said the supply room person was taking a resident out of town to an appointment and was unavailable for an interview. Record review of the facility policy Storage of Medications dated November 2020 revealed the following policy: .3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.Record review (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of the facility policy Receiving Food and Storage revised October 2017 reflected under policy, interpretation and implementation: Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). Such foods will be rotated using a first in - first out system.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed and 1 of 1 nutrition rooms for storage, preparation, and sanitation. 1. The facility failed to ensure the kitchen followed their cleaning schedules and the floor was slick. 2. The facility failed to ensure the ice cream freezer was clean and defrosted. 3. The facility failed to ensure the ice machine was clean and the door closed properly. 4. The facility failed to ensure the oven doors and the area behind the oven were clean. 5. The facility failed to ensure there were no personal items in refrigerator B. 6. The facility failed to ensure the handwashing sink and paper towels functioned properly. 7. The facility failed to ensure the steam table wells were clean. 8. The facility failed to ensure boxes of product were at least 18 inches from the ceiling in the walk-in freezer. 9. The facility failed to ensure food items in the walk-in freezer were sealed properly. 10. The facility failed to ensure there was no expired enteral feeding in the nutrition room. These failures could place residents at risk of food contamination and foodborne illness. Findings were: Observation and initial tour of the kitchen on 05/26/26 at 10:45 am revealed the entire floor was slick to walk on. The ice cream freezer had ice build-up on all four walls that was approximately 1 1/2 inches thick. The seals had a removable brown/black substance on them. The ice machine door was nearly falling off, and there was a removable black substance on the ice chute. The gas ovens on the stove were not on, were not being used, and the handles were heavily coated with a sticky substance. The area behind the stove had roach traps that were covered with roaches, a rotting tomato, and a film of what appeared to be grease and dirt on the baseboards, floor, and electrical conduit. There was an unlabeled 16-ounce bottle of water in the back of refrigerator B. The handwashing sink had no hot water, there was no cold-water when the cold-water spigot was turned on, and it was connected to copper tubing that was connected to a valve that was in the off position. The paper towel dispenser at the handwashing sink did not work. Five of five steam table wells had a flaking yellowish substance covering the bottoms and up the sides. The walk-in freezer had boxes less than 18 inches from the ceiling, potentially impeding the fire sprinklers. There was a 1-gallon zip-type bag with cheese in it that was unsealed and open to air in the walk-in freezer. In an interview with DA B on 05/26/26 at 10:55 am, she said I'm not gonna lie. I don't know how long it's been since the area behind the stove had been cleaned. She said staff in the kitchen were always so busy, the cleaning did not always get done. In an interview with DA A on 05/26/26 at 10:56 am, she said she started working at the facility about 9 months ago. She said she did the best she could to keep the kitchen clean and was unaware of the cleaning schedule. In an interview with the DM on 05/26/26 at 11:00 am, she said the ice cream freezer needed to be defrosted, and the lid was not closing. She said the seals had mold on them and needed to be cleaned. She said the ice machine door had been a problem for a while and needed to be replaced. She said the black substance on the ice chute was mold and needed to be cleaned. She said the area behind the stove had been cleaned a few days ago. Then she said it did not look like it had been cleaned for a while. She said they were not using the oven because it did not stay lit. She said it had been that way for about 9 months, and she assumed the MS knew, but never followed up. She said the bottle of water in refrigerator B should not have been there, and after asking the staff, no one claimed it. She said she was unaware of the handwashing sink and paper towels being out of order. She said she was unaware the boxes in the walk-in freezer were stacked less than 18 inches from the ceiling and could impede the fire sprinklers. She said the cheese should have been sealed properly. She said the steam table wells were cleaned daily, but they did not look clean. In an interview with the MS on 05/27/26 at 4:40 pm, he said kitchen staff used the electronic work order system to tell him (most of the time) when the kitchen needed repair. He said he was unaware of the oven not working. He said the ice machine needed to be replaced because the door had been messed (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Rafael Nursing and Rehabilitation Center	3050 Sunnybrook Rd. Corpus Christi, TX 78415

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	up a couple of weeks ago when someone ran into it while it was open. He said he tried to put it back on the best he could. He said he could not find a replacement for the door. Observation/return visit and interview with the DM on 05/27/26 at 4:45 pm, she said she had been having problems with employees not cleaning properly and had to let them go. She said staff were checking off the cleaning schedules without doing the job. She said she was not checking on them as often as she should. She said staff had been trained and in-serviced on cleaning regularly. In a phone interview with the RD on 05/28/26 at 9:52 am, she said she was aware of the sanitation issues in the kitchen, as she had done a sanitation audit earlier this month. She said her walk-throughs were conducted monthly on the 2nd Fridays. She said the DM was new and had potential, so she took her on her last walk-through to point out what she saw and explain to the DM what she needed to know for the audits. She said boxes too close to the ceiling in the walk-in freezer were addressed with the DM. She said she suggested the DM get a tape measure and mark the wall with 18 inches so everyone would know not to stack boxes any higher than that. She said she would email a copy of her latest audit. She said she did not know why the kitchen was not serving ice in the drinks, because they should be. She said she would suggest the DM put up a sign in the kitchen listing residents with food allergies, so no one would be serving something that could potentially harm the residents with food allergies. Record review of the daily and weekly kitchen cleaning schedules for May 4-28, 2026, revealed a 26-point daily schedule that included cleaning ovens, hand sink/paper towels, ice machine wipe- down, refrigerator/freezer, and steam table. The 20-point weekly schedule included all sinks/floors, freezers-clean/organize, ice machine-wash and sanitize bin, and pipes behind equipment. All items for the daily and weekly schedules had been checked and/or signed as having been done. Record review of kitchen in-services dated 03/20/26-cleaning. 04/03/26-job duties, dress code, policy hygiene procedures. 05/15/26-cleaningness. 05/26/26-maintaining cleanliness of the ice machine, deep freezer, behind stoves, cleaning cups and bowls, keeping lids on trash cans, beard guards, sealing items properly. Record review of the RD's kitchen audit dated 05/08/25 titled, Kitchen Sanitation Checklist revealed 7 areas of focus: Under Storerooms: All items covered, labeled, dated; marked no. Items stored on racks .18 inches from sprinkler heads; marked yes with a comment-check box on top left. Walls, floors, ceilings, vents and doors; marked no with a comment- floor needs sweeping. General Sanitation: Daily cleaning schedule completed and followed; marked no with a comment- available but not filled out. All floors, walls, ceilings and work areas are clean; unmarked with a comment- floors need sweeping. All carts and racks clean and in good repair; unmarked with carts circled and a comment- need to be washed. Pot Washing Area: 3-Compartment Sink Log PPM (Parts Per Million) recorded daily; marked no with a comment- will start. Record review of the kitchen facility policy revised August 2018, titled, Handwashing/Hand Hygiene under policy statement. This facility considers hand hygiene the primary means to prevent the spread of infections. Under policy interpretation, 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Record review of the kitchen facility policy revised October 2017, titled, Receiving Food and Storage under policy statement, foods shall be received and stored in a manner that complies with safe food handling practices. Under policy interpretation, 1. Food services, or other designated staff, will always maintain clean food storage areas. References: FDA Food Code 2022 Ch. 2-4 Hygienic Practices 2-401 Food Contamination Prevention 2-401.11 Eating, or Drinking; An EMPLOYEE shall eat, drink, or use any form of TOBACCO PRODUCTS only in designated areas where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection cannot result. Ch. 3-305 Preventing contamination from the premises 3-305.11 Food Storage; FOOD shall be (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination. Ch. 4-202 Cleanability 4-202.11 Food-Contact Surfaces. (A)Multiuse FOOD-CONTACT SURFACES shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; (3) Free of sharp internal angles, corners, and crevices; (4) Finished to have smooth welds and joints 4-5 Maintenance and Operation 4-501 Equipment 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. 4-602 Frequency 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A) Equipment food-contact surfaces and utensils shall be cleaned: (5) At any time during the operation when contamination may have occurred. (C) Except as specified in (D) of this section, if used with TIME/TEMPERATURE CONTROL FOR SAFETY FOOD, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned throughout the day at least every 4 hours.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain medical records on each resident that were complete and accurately documented in accordance with accepted professional standards and practices for 1 of 5 residents (Resident #47) reviewed for documentation. The facility failed to ensure Resident #47's blood pressures were documented on 13 separate occasions for May 2026. This failure could place residents at risk for errors in care and treatment and not receiving the services needed to attain or maintain their highest practicable physical well-being. The findings included: Record review of Resident #47's face sheet dated 05/28/26 indicated a [AGE] year-old-male admitted on [DATE] with the diagnoses of Cerebrovascular Disease (condition affecting blood flow and blood vessels in the brain), Essential Hypertension (high blood pressure), Hypotension (low blood pressure). Record review of Resident #47's May 2026 physician order summary report indicated Midodrine (used to treat symptomatic orthostatic hypotension/low blood pressure) Oral Tablet 10mg. Give 10mg by mouth two times a day for hypotension. Hold if Blood Pressure Greater than 110/60, start dated 03/09/26. Vital Signs every month, every day and night shift every month, start date; 06/05/2025. Record review of Resident #47's May 2026 Medication Administration Record indicated there were no blood pressures documented on the following days Midodrine was administered; -05/01/26 5pm-BP not taken-LVN N-05/02/26 9am-BP not taken-LVN N-05/02/26 5pm-BP not taken-LVN N-05/03/26 9am-BP not taken-LVN N-05/03/26 5pm-BP not taken-LVN N-05/05/26 9am-BP not taken-LVN N-05/06/26 5pm-BP not taken-LVN N -05/07/26 5pm-BP not taken-LVN N-05/12/26 5pm-BP not taken-LVN N-05/20/26 5pm-BP not taken-LVN N-05/25/26 9am-BP not taken-LVN N-05/25/26 5pm-BP not taken-LVN N -05/26/26 9am-BP not taken-LVN N Record review of Resident #47 2026 vital sign log indicated there were no blood pressures documented for the days listed above. Record review of Resident #47's Care Plan dated 05/18/26 indicated The resident has hypotension. Give medication as ordered. Monitor for side effects and effectiveness. Midodrine . Interview with LVN M on 05/28/26 at 5:32 pm she stated the blood pressure was taken before administering Midodrine. She sometimes gave the medication if it was outside the parameters of 110/60 depending on the resident because she knew the residents and their blood pressure and how the medication would affect their blood pressure. If the medication is given when a resident's blood pressure is over parameters of 110/60 it could lead to the resident having rapid heart rate which could lead to tachycardia (Rapid heart rate) and stroke. Blood pressures readings not documented in the Medication Administration Record it was assumed the blood pressure was not taken and it would be a medication error. It is important to document, so you have proof that you took the blood pressure and administered the medication. Interview with the DON on 05/28/26 at 6:30 pm revealed he stated Nurses and Med Aides should take blood pressures of residents before administering any blood pressure altering medication. You need to get a baseline so you can make medication adjustments as needed. The DON stated that he ran a report daily indicating which blood pressures were taken and documented and the ADONs check it daily. However, since they had been short staff and busy with other issues, they have not monitored any documentation in the past 2 weeks. Record review of facility's Administering Medication Policy revised 04/2019 indicated Medications are administered in a safe and timely manner as prescribed 23. As required or indicated for medication, the individual administering the medication records in the Resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration; d. the injection site (if applicable); e. any complaints or symptoms for which the drug was administered; f. any results achieved and when those results were observed; and g. the signature and title of the person administering the drug.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 dining rooms reviewed, and 1 of 5 residents (Resident #127) reviewed for infection control practices. The facility failed to ensure CNA-F performed proper or adequate hand hygiene while assisting with dining on 05/26/2026.The facility failed to ensure CNA-F did not wipe her nose on her hand while assisting with dining on 05/26/2026.The facility failed to ensure CNA-F correctly passed cups while assisting with dining on 05/26/2026. The facility failed to ensure the CNA-G performed proper or adequate hand hygiene during wound care on 05/27/2026.The facility failed to ensure CNA-G did not place a dirty heel protector over Resident #127's CDI wound dressing during wound care on 05/27/2026. The facility failed to ensure the WCN knew the correct way to perform proper or adequate hand hygiene during wound care on 05/27/2026.The facility failed to ensure the WCN placed a clean barrier between Resident #127's wound and the dirty bed sheet during wound care on 05/27/2026. These failures and deficient practices could place residents at risk for cross-contamination and infection.The findings included:In a dining room observation on 05/26/2026 between 12:15 PM and 1:15 PM during lunch, CNA-F was observed to perform hand hygiene with ABHS multiple times in which she only rubbed her hands approximately 5-6 seconds after applying the ABHS. CNA-F was also observed twice to wipe her nose on the back of her hand in between passing out the residents' trays. CNA-F was also observed multiple times to pass cups while holding the cups at the tops where the residents would be placing their mouths to drink.In an interview on 05/26/2026 at 3:53 PM, CNA-F stated she was not aware she had been passing the cups by the tops until it was brought to her attention by another staff member. She stated she knew to hold them by the handle or pass them from the bottom. She also was not aware of how long she had rubbed her hands after applying hand sanitizer, but she thought she should be rubbing them for 21-22 seconds after applying hand sanitizer. She stated 5-6 seconds was not enough time to rub hands until ABHS dried. CNA-F stated she should not have wiped her nose on the back of her hand, but she should have gotten a tissue for her nose, then performed hand hygiene afterward. Record review of Resident #127's face sheet, dated 05/28/2026, revealed he was a [AGE] year-old male with an admission date of 05/15/2026. Diagnoses included Complications of Amputation Stump (significantly affects wound healing to an amputation site), and Type 2 Diabetes (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body).Record review of Resident #127's physician order summary revealed an order dated 05/25/2026 to cleanse stage 4 left heel with wound cleanser, apply Medihoney (a topical medication use to promote wound healing, skin protection, and infection control), Calcium Alginate, cover with ABD pad, and wrap with kerlix (a type of rolled gauze bandage) every day and PRN. In an observation of wound care on 05/27/2026 at 2:45 PM, CNA-G was observed to only scrub hands for 6 seconds during hand washing prior to assisting with wound care. Then, the WCN was noted to start wound care without placing a clean barrier between Resident #127's leg and the dirty bed sheet. The WCN was noted to perform hand hygiene with ABHS multiple times throughout wound care in which she only rubbed hands together for approximately 3-6 seconds each time, and she would then hold hands up and fan them for 1-2 seconds each time. After the dressing was applied, CNA-G and the WCN were noted to put the residents dirty heel protector on over the CDI dressing which was just placed. In an interview on 05/28/2026 at 7:59 AM, CNA-G stated she should have scrubbed her hands for 20 seconds, and she did not think 6 seconds was long enough to scrub her hands for. CNA-G stated hand hygiene was done to clean the hands and prevent getting anything dirty from the hands onto the patient to prevent cross (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	contamination. CNA-G also stated she should have changed out the dirty heel protector and used the clean heel protector after wound care was completed. She also stated she or the WCN should have placed a clean barrier between the leg and the dirty sheets on the bed.In an interview on 05/28/2026 at 8:07 AM, the WCN stated she knew she did not rub her hands long enough to let the ABHS dry, which was why she was holding her hands up and fanning them in the air. She was not sure how long she should have rubbed her hands together with the ABHS but stated at least until they were dry. The WCN stated hand hygiene was done to prevent cross contamination to the patient. The WCN stated she should have placed a clean barrier between Resident #127's leg and the dirty bed sheet, as well as she should not have put the dirty heel protector on top of Resident #127's wound with new CDI dressing.In an interview on 05/28/2026 at 4:48 PM, the ADON, who was also the IP, stated the staff should have put enough hand sanitizer on their hands to cover all surface areas of both hands, then rubbed their hands together in a scrubbing motion until completely dry, which should have taken approximately 20 seconds. The ADON stated this was done to kill germs and prevent cross contamination. The ADON stated 3-6 seconds was not long enough to rub hands after applying enough ABHS. He also stated the staff should be passing cups and glasses in the dining room by grabbing the handle or at the bottom of the cup to prevent cross contamination. Record review of the facility's Hand Hygiene Policy, revised August 2019, revealed Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections 2. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Procedure: Washing Hands: 2. Rub hands vigorously for at least 15 seconds covering all surfaces of the hands and fingers. Using Alcohol-Based Hand Rubs: 1. Apply generous amount of product to palm of hand and rub hands together. 2. Cover all surfaces of hands and fingers until hands are dry.Record review of CDC Clean Hands: About Hand Hygiene for Patients in Healthcare Settings, dated 02/27/2022, revealed How to clean hands with an alcohol-based hand sanitizer:1. Put product on hands and rub hands together.2. Cover all surfaces until hands feel dry.3. This should take around 20 seconds. https://www.cdc.gov/clean-hands/about/hand-hygiene-for-healthcare.html

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an effective pest control program so the facility is free of pests and rodents for 1 of 1 kitchen, 1 of 3 medication storage rooms (100 hall), and 2 of 20 resident rooms (Resident #4 and Resident #92) reviewed for pests.The facility failed to have pest control effectively treat the kitchen for roaches.The facility failed to ensure effective pest control for the medication room on the 100-hallThe facility failed to ensure pest control effectively treated the rooms of Resident #4 and #92 from roaches.This deficient practice could place residents at risk of exposure to pests, diseases, infections, and diminished quality of life.Findings included: Based on observations, interviews, and record reviews, the facility failed to maintain an effective pest control program so the facility is free of pests and rodents for 1 of 1 kitchen, 1 of 3 medication storage rooms (100 hall), and two resident rooms (Resident #4 and Resident #92) reviewed for pests. The facility failed to have pest control effectively treat the kitchen for roaches. The facility failed to ensure effective pest control for the medication room on the 100-hall The facility failed to ensure pest control effectively treated the rooms of Resident #4 and #92 from roaches. This deficient practice could place residents at risk of exposure to pests, diseases, infections, and diminished quality of life. Findings included: Record review of Resident #92's face sheet dated 05/26/26 revealed a [AGE] year old male initially admitted on [DATE] with a diagnosis of Diabetes Mellitus(a chronic metabolic disorder characterized by high blood sugar due to insufficient insulin production or cellular resistance to insulin), depression (a group of conditions associated with the elevation or lowering of a person's mood), Dementia (A group of thinking an social symptoms that interferes with daily functioning), Peripheral Vascular Disease Peripheral Vascular disease (a slow progressive circulation disorder characterized by the narrowing or blockage of blood vessels outside the heart). Record review of Resident #4's face sheet dated 05/26/26 revealed a [AGE] year-old male initially admitted on [DATE] with a diagnosis of Diabetes Mellitus(a chronic metabolic disorder characterized by high blood sugar due to insufficient insulin production or cellular resistance to insulin) , Hypertension(a chronic condition where blood force against artery walls is to high) CVA(Cerebrovascular accident commonly known as a stoke is when blood flow to a part of the brain is interrupted or reduced, depriving brain tissue of oxygen and nutrients resulting in brain cells beginning to die in minutes), Anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities)and heart failure the heart muscle is too weak too stiff to pump enough oxygen-rich blood to meet your body's needs. Observation of the area behind the stove in the kitchen on 05/26/26 at 10:45 am revealed several roach traps that were covered with roaches, a rotting tomato, and a film of what appeared to be grease and dirt on the baseboards, floor, and electrical conduit. Observation of the medication storage room on the 100-Hall on 05/27/26 at 2:59 PM revealed a spider about 1 inch in diameter was scampering on the floor. In an observation and interview on 05/26/2026 at 10:48 AM with Resident #92 was sitting at the edge of bed and was watching TV and he stated he saw small roaches in his room from time to time in the bathroom. Resident #92 stated she thinks they come through the wall trim that in some spots has come apart from the wall. Resident #92 stated he does not like the small roaches as they could possibly go into your ear or nose. Resident #92 stated it was worse before but recently he does not see large roaches like he used to but sometimes sees small ones on the bathroom floor. Resident #92 stated he doesn't see well but can see shapes and see small brown dots moving on the floor if not roaches maybe so other bug. In observation and interview on 05/26/2026 at 10:55 AM with Resident #4 he was observed lying in his bed covered and resting. Resident #4 was difficult to understand but could nod yes or no questions the state surveyor asked. Resident #4 nodded yes that he had seen roaches in his room. Resident #4 could not state when he saw the roaches but did nod yes to the roaches being big when he saw them in the room. In an interview with DA B on 05/26/26 at 10:55 am, she said I'm not going to (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	lie. I don't know how long it's been since the area behind the stove had been cleaned. She said she was not surprised to see the roaches back there. She said staff in the kitchen were always so busy; the cleaning did not get done. In an interview with DA A on 05/26/26 at 10:55 am, she said there were roaches in the kitchen since she started working there about 9 months ago. She said she had never seen the roaches in or around the food but knew they were in the kitchen. In an interview with the DM on 05/26/26 at 11:00 am, she said the area behind the stove had been cleaned a few days ago. Then she said it did not look like it had been cleaned for a while. She said the roaches had been a problem, and the pest control company put the sticky pads behind the stove but did not know when. In an interview with the DM on 05/27/26 at 4:45 pm, she said she had been having problems with employees not cleaning properly and had to let them go. She said staff were checking off the cleaning schedules without doing the job. She said she was not checking on them as often as she should. In an interview with the ADON on 05/28/26 at 4:53 PM, the ADON stated he saw the spider in the 100-hall medication room. The ADON stated he had not seen a spider in that room before. The ADON stated he killed the spider as soon as he saw it. The ADON stated he had only seen gnats in the medication room. The ADON stated the small insects could contaminate medications if they were allowed to stay there. Record review of the daily and weekly kitchen cleaning schedules for May 4-28, 2026, revealed a 20-point weekly schedule that included all floors, and pipes behind equipment. All items for the weekly cleaning schedules had been checked and/or signed as having been done. In an Interview on 05/28/2025 4:42 PM with the maintenance man he stated the facility had a pest control log where any sightings of pests would be logged by the staff. The Maintenance man stated the pest log is checked daily and then he called the pest control company to come and treat the facility if needed. The Maintenance man stated the pest control company was contracted to come in and treat for pests every week or as needed. He said the facility was treated for pests indoors and outdoors. The maintenance man also stated the facility had increasing their visits from monthly to weekly so the pest control company could keep the pest problem under control. The maintenance man stated maintenance staff would do repairs to any walls and closets that have holes to prevent any new pests from entering the facility. The maintenance man stated the kitchen staff was going to keep the kitchen clean to avoid any pests from trying to enter the facility. The Maintenance man stated housekeeping will keep up with resident personal food in containers in their rooms. The housekeepers are instructed to keep all rooms free of clutter and old food. Record review of kitchen in-services dated 03/20/26-included cleaning. 05/15/26-included cleanliness. 05/26/26-included maintaining cleanliness behind stoves. In record review of the Scope Pest Control company weekly receipts for pest control dated 01/05/26 to 04/30/26, and the last pest control weekly visit was on 04/30/2026 and sprays for flies, roaches and other pests. There were no extra dates added for additional visits. In record review of the Pest control Policy, the state surveyor asked twice for the policy, and it was not provided. The Dietary Manager and the Maintenance Man were asked for the policy, and it was not provided to the surveyor. In record review of the Pest Control Policy dated May 2008 stated Our facility shall maintain an effective pest control program. 1.This Facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675717	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Rafael Nursing and Rehabilitation Center	3050 Sunnybrook Rd. Corpus Christi, TX 78415

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 ensure the comprehensive care plan was developed and implemented for each resident consistent with resident rights to include measurable objectives and timeframes to meet residents medical, nursing, mental, and psychosocial needs identified for 2 (Resident #2 and Resident #75) out of 5 residents reviewed for care plans.The facility failed to review or revise Resident #2's care plan to include all smoking related privileges, restrictions, and concerns.The facility failed to review or revise Resident #75's care plan to include all smoking related privileges, restrictions, and concerns.These failures could place residents at risk for receiving inadequate care and services.The findings included:Record review of Resident #2's face sheet dated 05/28/2026 revealed a [AGE] year-old male with an original admission date of 02/22/2022 and a current admission date of 092025. Diagnoses included Hemiplegia and Hemiparesis (paralysis or weakness to one side of the body, which was common after a stroke), Other Lack of Coordination, Type 2 Diabetes (a chronic condition which occurs when the body cannot use insulin effectively, leading to high blood sugar levels).Record review of Resident #2's care plan initiated 07/15/2023 and revised on 01/16/2026 revealed Resident #2 was a smoker. Interventions for this care plan included Resident #2 can smoke unsupervised. Resident #2's care plan did not address all smoking related privileges, restrictions, and concerns.Record review of Resident #2's Kardex, reviewed 05/28/2026, revealed Resident #2 can smoke unsupervised, but it did not identify all smoking related privileges, restrictions, and concerns.Record review of Resident #2's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, which indicated intact cognition. Record review of Resident #75's face sheet dated 05/28/2026 revealed a [AGE] year-old male with an original admission date of 04/19/2023 and a current admission date of 10/07/2025. Diagnoses included Hemiplegia affecting Right Dominant Side (paralysis or weakness to one side of the body, which was common after a stroke), Other Seizures (seizures which were not defined or classified as Epilepsy or recurring), and Type 2 Diabetes (a chronic condition which occurs when the body cannot use insulin effectively, leading to high blood sugar levels).Record review of Resident #75's care plan initiated 11/14/2025 revealed Resident #75 was a smoker. Interventions for this care plan included Resident #75 can smoke unsupervised. Resident #75's care plan did not address all smoking related privileges, restrictions, and concernsRecord review of Resident 75's Kardex, reviewed 05/28/2026, revealed Resident #75 can smoke unsupervised.Record review of Resident #75's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 11, which indicated moderately impaired cognition. In an interview on 05/26/2026 at 4:10 PM, Resident #2 stated he was considered a safe smoker and could smoke by himself and keep his own lighter and cigarettes on him. He stated he had no problem with keeping up with and hanging onto his cigarettes and lighters. He was noted to be sitting in the hallway holding a lighter in his hand and had an unlit cigarette hanging from his mouth.In an interview and observation on 05/27/2026 at 10:45 AM, Resident #75 stated he was considered a safe smoker and was allowed to keep his own lighter and cigarettes with him. He was noted to be sitting in the hallway holding his lighter in his hand.In an interview on 05/28/2026 at 9:00 AM with the MDS nurse, she stated MDS was responsible for updating the care plans, and if a resident was considered a safe smoker, then they could smoke unsupervised. She stated it was assumed they would have their cigarettes and lighters on them. She stated lighters and cigarettes did not have to be care planned since the residents were safe smokers and care planned to smoke unsupervised. She stated these items could be care planned, but they did not have to be since the fact the residents were able to smoke unsupervised was care planned. She stated even though the policy stated all smoking related privileges should be care planned, this did not mean they had to care plan they were safe smokers, or they were allowed to carry cigarettes or lighters. The MDS nurse also stated they (the facility) did not (continued on next page)

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	675717	A. Building B. Wing	05/28/2026

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	track the residents who had lighters to keep up with them or keep a count on them in the facility, so they would not be able to determine if or when a lighter was lost or if a resident who was incompetent or not a safe smoke found it. In an interview on 05/28/2026 at 12:30 PM, CNA-J stated she would review the Kardex as well as ask the nurse to determine residents' likes, dislikes, needs and wants. CNA-J stated the Kardex did not always show information regarding safe smokers and non-safe smokers, but activities kept a list of all of the smokers and who was a safe smoker and who was not. CNA-J stated there were certain residents which she was used to seeing smoke on their own, so she knew they were safe smokers, but if she saw someone she did not know was a safe smoker or was unsure, she would have asked activities if they were safe smokers since activities kept a list. CNA-J stated she knew Residents #2 and #75 were safe smokers because she had seen them smoking on their own with their own supplies. In an interview on 05/28/2026 at 6:10 PM, the DON stated if residents were considered safe smokers, it was care planned, they could smoke unsupervised. The DON also stated cigarettes and lighters were privileges and should have been care planned. The DON stated they (the facility) did not track the safe smoker residents' smoking equipment, such as lighters, so they would not have known what one looked like if or when it went missing. He stated he hoped the resident would be competent enough to remember what the lighter looked like, and hopefully they would not fear losing smoking privileges, and they would tell someone if they lost their lighter. The DON stated if an incompetent resident found a lighter, they could burn themselves or start a fire.Record review of the facility's Smoking policy, revised July 2017, revealed Policy Statement: This facility shall establish and maintain safe resident smoking practices. Policy Interpretation and Implementation: 9. Any smoking related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to the issues. 12. Residents who have independent smoking privileges are permitted to keep cigarettes, e-cigarettes, pipes, tobacco, and other smoking articles in their possession. Only disposable safety lighters are permitted. All other forms of lighters, including matches, are prohibited. 13. Residents are not permitted to give smoking articles to other residents.