

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Matagorda Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4521 Ave F Bay City, TX 77414	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASARR) Level I assessment accurately reflected the resident's status for 1 of 5 residents (Resident #13) reviewed for PASARR Level I screenings.</p> <p>1. The facility failed to ensure the accuracy of the PASARR Level 1 screening for Resident #13. The PASARR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (bipolar disorder with an onset date of 02/25/25) was present upon Resident #13's admission date on 02/26/25.</p> <p>This failure could place residents who had a mental illness at risk of not receiving a needed assessment (PASARR Evaluation), individualized care, or specialized services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #13's face sheet, dated 05/28/25, reflected she was a [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses included bipolar disorder (a mental disorder characterized by periods of depression and periods of abnormally elevated mood that each last from days to weeks), anxiety (intense, excessive, and persistent worry and fear about everyday situations), dysphagia (difficulty in swallowing), chronic obstructive pulmonary disease (COPD) (a lung disease characterized by chronic respiratory symptoms and airflow limitation), and chronic respiratory failure (a condition in which the lungs are unable to adequately exchange oxygen and carbon dioxide over an extended period). Resident #13's face sheet reflected Resident #13's diagnosis of Bi-Polar had an on-set date of 02/25/2025.</p> <p>Record review of Resident #13's quarterly MDS assessment, dated 03/09/25, reflected she had a BIMS score of 00, which indicated resident's cognition was severely impaired. Resident #13 also took an antianxiety medication during the assessment window. The MDS assessment reflected Resident #13 was dependent on staff for toileting and bathing and required substantial/maximal assistance with personal hygiene.</p> <p>Record review of Resident #13's PASARR Level 1 Screening, dated 02/25/25, reflected that Section C Mental Illness was marked as no, which indicated Resident #13 did not have a mental illness.</p> <p>Record review of Resident #13's care plan dated 03/07/25 reflected Resident #13 had a mood problem r/t to diagnosis of bipolar and anxiety disorder.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Matagorda Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4521 Ave F Bay City, TX 77414	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Goal: Resident will have improved mood state happier, calmer appearance, no s/sx of depression, anxiety or sadness through the review date.</p> <p>Interventions included Monitor/record/report to MD prn mood patterns s/sx of depression, anxiety, sad mood as per facility behavior monitoring protocols. Observe for signs and symptoms of mania or hypomania racing thoughts or euphoria; increased irritability; frequent mood changes; pressured speech; flight of ideas; marked change in need for sleep; agitation or hyperactivity.</p> <p>In an interview on 05/29/25 at 11:28 AM, Resident #13 shook her head yes when asked if staff treated her good and took good care of her. She stated she had not really needed to use her call light and she could get up on her own when she wanted to. She stated the staff checked on her frequently and she had no concerns.</p> <p>In an interview on 05/28/25 at 01:58 PM, the MDS nurse stated Resident # 13's PASARR came from the hospital, and it should have been corrected due to it being incorrect. She stated she would have asked for the hospital to correct a PASARR if she received it, and it was wrong, but Resident #13's PASARR had not been corrected. She stated she did not know if anyone at the facility requested that the hospital correct the PASARR. She stated she just started working in the facility 2 weeks ago and she was not aware of the incorrect PASARR. She stated there should have been a form 1012 done for the PASARR to be corrected. She stated she has been trained on completing PASARRs accurately and ensuring the completed PASARRs were completed correctly. She stated if a PASARR was not completed correctly the facility could be fined by the state and the resident could have not received the services that could have possibly been provided to them.</p> <p>In an interview on 05/29/25 at 10:06 AM, the DON stated the MDS nurse was responsible for ensuring the accuracy of PASARRs. She stated the MDS nurse had been trained on checking for the accuracy of PASARRs and the MDS nurse had previously worked for the facility and left for about a month and came back. She stated the MDS nurse should have been checking the PASARRs and making sure they were completed correctly. She stated if the PASARR was not completed correctly, the MDS nurse should have made sure the PASARRs were corrected. She stated if a PASARR was not completed correctly, it could affect the resident by them not being able to receive services that could have been provided to them.</p> <p>In an interview on 05/29/25 at 10:24 AM, the ADM stated the MDS nurse was responsible for the ensuring the PASARRs were completed correctly. He stated he was not sure if the MDS nurse had received training on ensuring the PASSARs were completed correctly but that she had worked there before and left for a while to work at a sister facility and had just recently returned. He stated the MDS nurse should have been checking the PASARRs for accuracy. He stated if a PASARR was completed incorrectly the MDS nurse would have needed to have the PASARR corrected, and it could have affected any services the residents could have possibly received.</p> <p>Record review of the facility's policy, PASRR Nursing Facility Specialized Services Policy and Procedure revised 03/06/19 reflected: Policy: It is the policy of Creative Solutions in Healthcare facilities to ensure NFSS Forms are submitted timely and accurately .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Matagorda Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4521 Ave F Bay City, TX 77414	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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.</p> <p>1.</p> <p>The facility failed to ensure the kitchen's ice machine's internal components were cleaned and sanitized, and free from mold, mildew, and soiling.</p> <p>This failure placed residents at risk of food contamination and foodborne illness.</p> <p>Findings included:</p> <p>Observation of the exterior of the kitchen ice machine on May 27, 2025, at 9:14 AM, revealed a printed event log adhered to the outside of the ice machine. The event title on the form read Ice Machine. The form contained a table in which kitchen staff log events related to the ice machine. The form listed one event, logged by DM, dated 2/3/25, which stated, Cleaned ice machine.</p> <p>Observation of the kitchen's ice machine on May 27, 2025, at 9:15 AM, revealed the presence of black dots with fuzzy, raised appearance, known to be mold, within and in the internal components of the ice machine.</p> <p>Review of the kitchen's daily, weekly, and monthly cleaning schedules on May 27, 2025, at 9:21 AM, revealed the ice machine was to be sanitized monthly, with the last (and only cleaning of 2025) logged on Feb. 2025.</p> <p>In an interview on May 27, 2025, at 9:26 AM, DM stated that she has been employed with the facility for over 10 years, but she has been in her current position for the last 2 years.</p> <p>In an interview on May 27, 2025, at 11:53 AM, DC stated that cleaning logs were to be completed when the cleaning occurred. DC acknowledged that the logs indicated that the ice machine has not been cleaned recently and not monthly. DC said the staff may have forgotten to write down the dates the ice machine was cleaned.</p> <p>In an interview and observation conducted on May 27, 2025, at 11:55 AM, DM stated that their ice machine had just been cleaned. The ice machine cleaning log showed the machine had not been cleaned since Feb. 2025. When this was pointed out to DM, DM she said staff forget to log the cleaning of the machine. DM was shown the black, fuzzy raised dots, known to be mold, under the lid of the ice machine. No contamination of the ice in the machine was observed. DM agreed to clean the ice machine and sanitize its components immediately and update the cleaning log.</p> <p>Review of the of the kitchen's updated daily, weekly and monthly cleaning schedules and logs on May 29, 2025, at 1:10 PM, revealed the ice machine had been cleaned and sanitized by DM on 5/27/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Matagorda Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4521 Ave F Bay City, TX 77414	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of the kitchen's ice machine on May 29, 2025, at 1:10 PM, revealed the ice machine and its components had been effectively cleaned and sanitized and the concerning areas of black, fuzzy raised dots, known to be mold mold, were no longer present.</p> <p>In an interview on May 29, 2025, at 1:10 PM, DM stated that all kitchen staff were in-serviced and re-educated on the kitchen's mandatory daily, weekly, and monthly cleaning schedules. DM stated that the schedules, logs, and procedures were printed and posted within the kitchen where they can be easily seen and completed. DM said she will oversee the completion of the required cleaning and designate the tasks to kitchen staff. She will also assist in cleaning. DM stated the importance of doing so is to keep the environment and equipment sanitary for the health and benefit of the residents, staff, and visitors.</p> <p>Review of the facility's In-Service Training Attendance Roster regarding the topic Cleaning Schedules conducted on May 27, 2025, revealed all kitchen staff attended.</p> <p>In an interview on May 29, 2025, at 1:12 PM, DM confirmed she was provided with an in-service and education regarding the cleaning schedules of the kitchen. DM said it is important that surfaces and equipment be cleaned to make sure the kitchen is sanitary and that no harm comes to the residents. DM said it is everyone's responsibility to clean.</p> <p>In an interview on May 29, 2025, at 1:13 PM, DC confirmed she was provided with an in-service and education regarding the cleaning schedules of the kitchen. DC stated the sanitation and cleaning of the kitchen and equipment is necessary in order to ensure residents don't get sick.</p> <p>In an interview on May 29, 2025, at 1:15PM, ADM stated that it is his expectation that the DM will oversee the daily, weekly, and monthly cleaning schedules. ADM said he expects that DM will assign these tasks or complete them herself. ADM stated that he plans to conduct audits to ensure the cleaning schedules are maintained. He said this is important because a clean and sanitary environment prevents residents, staff, visitors and others from getting sick.</p> <p>Review of the facility's Dietary Services Policy &amp; Procedure Manual 2012, Cleaning Schedules policy revealed the following:</p> <p>The dietary department and all equipment in the dietary department will be cleaned on a regular scheduled basis.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>It is the responsibility of the Dietary Service Manager to prepare the daily, weekly, and monthly cleaning schedules.</p> <ol style="list-style-type: none"> <li>2.</li> </ol> <p>Cleaning schedules are posted at the beginning of each month in the kitchen.</p> <ol style="list-style-type: none"> <li>3.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Matagorda Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4521 Ave F Bay City, TX 77414	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>It is the responsibility of all employees to follow the cleaning schedule, and to initial by their assignments when completed.</p> <p>4.</p> <p>See cleaning schedule forms in the appendix.</p> <p>5.</p> <p>Cleaning schedules are to be individualized to the facility, and it is the responsibility of the DSM to ensure that the assigned tasks are completed when assigned, and in a thorough manner. The cleaning schedules should be updated routinely to include areas that are notes dto need additional cleaning by the white glove inspection checklist, the RD sanitation check, DSM or administrator walk-through inspections, as well as the CMS kitchen observation audit form that is performed monthly by the dietary manager.</p>