

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (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: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to incorporate recommendations from a PASRR evaluation report into a resident's assessment, care planning, and transition of care for 1 (Resident #1) of 5 residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting. This failure could place residents who were PASRR positive at risk of not getting the PASRR services for a better quality of life and could lead to a decline in health. Record review of Resident #1's face sheet dated 12/23/25 revealed a [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses[KS1] included- contracture(a permanent shortening or tightening of the muscles, tendons, ligaments or skin, making it hard to fully move the affected body part or joint unspecified joint, cerebral palsy (a permanent condition from early brain damage that affects movement, balance and posture causing issues like stiff muscle, poor coordination, tremors and can also impact speech, vision), unspecified, anemia (low blood count), unspecified, tachycardia(irregular heart beat that is too fast), unspecified, profound intellectual disabilities, dysphagia, oropharyngeal phase, cognitive communication deficit, hypothyroidism (not making enough hormones causing body metabolism to slow down), unspecified, constipation, unspecified, gastrostomy status (tube inserted in stomach through a surgical procedure for feeding), muscle weakness (generalized), stiffness of joint, not elsewhere classified, muscle wasting and atrophy, not elsewhere classified, unspecified site, need for assistance with personal care, unspecified protein-calorie malnutrition. Record review of Resident #1's PASRR evaluation dated 01/07/2019 indicated Resident #1 was positive for Intellectual disability. Record review of PCSP dated 08/04/25 indicated there was a recommendation for Resident #1 to receive a prosthetic device. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 00 meaning severe cognitive impairment. Record review of Resident #1's care plan dated 09/06/25 indicated Resident #1ASRR assessment has identified, DX: profound intellectual disabilities. Specialized services will be provided to maintain the highest level of function. Intervention 08/04/2025: PASRR Annual Meeting conducted at this time. Resident # 1's Diversion Coordinator, Habilitation Coordinator, Physical Therapy, Social Worker and Registered Nurse agreed with the plan. Follow up with local authority's recommendations as indicated by resident current condition. or designee will contact the local authorities to alert them of the resident admission/Readmission Record review of Resident #1's clinical record revealed no evidence of an NFSS form. During [KS2] observation of Resident #1 on 12/23/25 at 10:30AM, Resident #1 was lying in bed, head to toe assessment done. Resident #1 had upper and lower extremities contracture, not able to respond verbally to any questions or make any eye contact, had Gastrostomy tube and was totally dependent on ADL's[KS3] (feeding, personal hygiene, incontinent of bowel/bladder and transfer). During an interview on 12/23/25 at 12:05PM, the social worker (SW)[KS4] , said he was not responsible for PCSP recommendations. ,During an interview on 12/23/25 at 12:12PM, the MDS coordinator ALVN, said she was not aware of Resident #1's PCSP recommendation prosthetic device and was not sent to NFSS[KS5] . She said failure to submit an NFSS as required may prevent residents from receiving services needed for their wellbeing. During an interview on 12/23/25 at 12:43PM, Physical Therapy (PT)[KS6] , said he did not recommend any devices for Resident #1 when he attended the PASRR meeting on 8/4/25. He said Resident #1 was receiving speech therapy, physical therapy and occupational therapy for 30 minutes each 3 times a day. He said he would be careful to review PCSP recommendations with PASRR positive residents[KS7] . During an interview on 12/23/25 at 3:57PM, the facility Administrator said MDS Coordinator A[KS8] was responsible for doing PASRR. She said Resident #1's PCSP was an honest mistake[KS9] . She had called and sent an email to the PASRR local office but there was no response, and she would follow up after the holidays. She said failure to submit NFSS as required may prevent residents from receiving services needed for their wellbeing. During an interview with RN on 12/23/25 at 4:30PM, he said Resident #1's NFSS was not submitted because at the time of the meeting, he was not aware of the recommendation of a prosthetic device for Resident #1. He said the local PASRR office new workers checked the wrong recommendation. He said failure to submit an NFSS as required may prevent residents from receiving services needed for their wellbeing. Record review of facility Policy on PASRR dated 07/2007 reflected: It is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State.PURPOSE: This facility shall not admit on or after January 1 1989 any new residents with: 1 Mental illness as defined in</p>		