

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| F 0561<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure residents had the right to, and the facility promoted and facilitated resident self-determination through support of resident choice for 3 of 9 confidential residents. The facility failed to allow residents' right to choose to sign out of the facility independently. The facility failed to allow residents' right to choose to sit outside on the front patio without supervision. This failure placed residents at risk of decreased quality of life and loss of dignity. Findings include: In a confidential resident interview on an undisclosed date and time, 3 of 9 residents stated they could not sign out of the nursing facility without their responsible party or family member. They stated it would be great if they could sign out themselves. Residents stated they could not sit on the patio in the front of the building without a staff member with them. They said the staff were busy and could not sit with the residents. One resident in the meeting stated he used the 500-hall patio area because it was fully fenced in, but he needed to ask for the door code to get out. One resident stated they used to use the local transit company to leave the facility but could no longer do so because the facility stopped allowing it. It was reported that a resident died and the state said they could not leave without supervision. In an interview on [DATE] at 12:44pm, The Receptionist said all residents who want to leave the facility were signed out by a family member. She said residents were not allowed to leave without a representative and said it would be on her if she let them out and something happened to them. The Receptionist said there was a binder at the front desk where family members/representatives could sign-out. Record review of the binder at the front desk revealed documents titled, Release of Responsibility for Leave of Absence with a statement at the top of the form and a chart listed below with the date, time out, signature of individual, phone number, and time in. The statement at the top of the form read, I, the undersigned, hereby accept complete responsible (sic) for (resident name) while away from [facility] and absolve the management of said for while the patient is away. I understand that a bed will be reserved for the above name (sic) patient when her (sic) or she returns on or before the appointed date above. In an interview on [DATE] at 1:20pm, the Activity Director said alert and oriented residents used to take the bus and leave independently. He said something changed a while ago and the residents were no longer allowed to go out-on-pass alone. He said he was not sure what changed. He said they had activities on the front patio. He said all residents could not sit on the front patio without a staff member, but they could go to the patio on the other side of the facility because it had a fence. In an interview on [DATE] at 2:43pm, the Administrator said residents were required to sign out so they knew where they were going. She said all residents were required to have someone with them. She said if a resident, including alert and oriented residents, wanted to sit on the front patio they would need to be supervised by staff. She said she would be worried if the resident had any type of (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0561<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | cognitive decline that placed them at risk of harm. She said she did not want the residents to be hit by a car. She said some of the residents had asked to leave independently and she shared they could not for their safety. In an interview on [DATE] at 3:00pm, the DON said that residents could leave out-on-pass if they did not have cognitive decline, and said it would be based on their BIMS assessment. She said if a resident could independently make their own decisions, then they could go. Record review of the facility's policy regarding Resident Rights and Responsibilities dated [DATE] read, It is the policy of this facility to inform the resident of their rights as a resident, as well as the rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. Should a resident be found incompetent by a court of law, the resident's representative shall act on behalf of the resident. The facility will inform the resident of their rights and responsibilities in a language that is both clear and understandable to the resident. Record review of the facility's policy regarding Out on Pass or Leave of Absence dated [DATE] read, It is the policy of this facility that continuity of care during resident leave of absence or while out on a pass will be maintained. A leave of absence or a pass requires a physician's approval and order. Nursing will obtain a physician's order for the resident to go out on pass or leave of absence with a resident representative. Whether or not a leave is appropriate for the resident is a decision for the resident's physician in conjunction with the interdisciplinary team. The resident/resident representative will sign resident in and out of facility on the Release of Responsibility for Leave of Absence forms and note the length of time the resident expected to be away. NOTE: This policy does not apply when family members, friends, relatives, etc. (with consent for resident or resident representative) take residents outside of but not away from the facility campus. |                                                                                  |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures to ensure the accurate acquiring, receiving, dispensing, and administering of medications, to meet the needs of residents for 2 of 23 residents (Resident # 10, Resident #115) reviewed for pharmaceutical services. The facility failed to provide Resident #115 with his as needed Cyclobenzaprine used to treat his muscle spasms on 7/6/2026. The facility failed to administer Resident #10's IV antibiotic as ordered on 07/08/2026. These failures placed residents at risk for pain, worsening symptoms, and discomfort. Findings included:</p> <p>Record review of Resident # 10's face sheet dated 09/25/2020 revealed he was admitted to the facility on [DATE] with the following diagnoses: Heart failure (the heart muscle becomes too weak to pump enough oxygen-rich blood to meet the body's needs), congenital malfunction (abnormality present at birth) and current urinary tract infection.</p> <p>Record review of Resident #10's MDS dated [DATE] revealed his BIMS score was 01-indicating severe cognitive impairment. Section: Functional abilities revealed Resident # 10 was dependent on staff for all activities of daily living.</p> <p>Record review of Resident # 10's care plan dated 09/25/2020 revealed: Has a new onset infection, to venous wound Left Lower extremity (wound on the left lower foot). Goal: Will not have rehospitalization, will be free from complications related to infection. Intervention: Administer antibiotics as per Doctor's orders.</p> <p>Record review of Resident # 10's MAR dated 07/01/2026-07/31/2026 revealed the antibiotic medication order stated: Ertapenem Sodium Solution Reconstituted 1 gram. Midline-Intermittent Medications-Flush with 10 milliliters of normal saline before and after medication administration.</p> <p>In an observation of IV antibiotic administration on 07/08/2026 at 08:05 a.m., by LVN A, she flushed the PICC line with 5 milliliters of normal saline (a sterile solution containing chloride in water) and 5 milliliters after she administered the IV antibiotic. She said the order stated 10 milliliters.</p> <p>In an interview with LVN A on 07/08/2026 at 06:Rec15 p.m., she said she did not follow the medication administration order because she was nervous. LVN A said the fact that she did not follow the order could place the resident at risk for PICC line blockage. She said normal saline flushes were used to keep the IV-line patent (clear of any blockages).</p> <p>In an interview with RN A on 07/09/2026 at 10:39 a.m., she said medication error could occur if a nurse did not administer the right medication dose. She said normal saline was part of an IV medication. She said if LVNA did not administer an IV medication per Doctor's order, it was considered a medication error. She said if the medication order read: to flush with 10 milliliters of NS before and after, the nurse would have administered a total of 20 milliliters of NS (A mixture of pharmacy-grade salt and water free of germs).</p> <p>(continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>In an interview with LVN B on 07/09/2026 at 11:10 a.m., she said it was the responsibility of the nurses to administer medications per Doctor's orders. She said she would administer medications per Doctor's order for residents' safety. She said if a nurse failed to administer a medication per Doctor's order, there was a possibility of over or under dose. LVN B said if the medication order for Resident # 10 read: flush with 10 milliliters of normal saline (A mixture of pharmacy-grade salt and water free of germs) before and after the medication administration, the total was supposed to be 20 milliliters.</p> <p>In an interview with the DON on 07/09/2026 at 12:24 p.m., she said it was the responsibility of the nurses to administer an IV medication if they were trained. She said all the nurses were trained in IV medication administration. The DON said the IV flush medication error meant Resident # 10 was under dosed.</p> <p>In an interview with the ADM on 07/09/2026 at 12:32 p.m., she said nurses were authorized and licensed to administer medication. She said she could not say much because that was a clinical question.</p> <p>Record review of the facility's Administering Medications Policy Statement stated: Medications shall be administered in a safe and timely manner and as prescribed. Medications must be administered in accordance with the orders. The individual administering the medication must check to verify the right medication, right dosage, right time and right route before giving the medication.</p> <p>Record review of Resident #115's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] from a hospital. Further review of the face sheet revealed diagnoses of: Cellulitis Of Left Lower Limb (bacterial infection of the deep skin and underlying tissues), Chronic Obstructive Pulmonary Disease (lung disease that blocks airflow and makes it hard to breathe), Type 2 Diabetes Mellitus (a chronic condition where your body becomes resistant to insulin, causing sugar (glucose) to build up in your bloodstream), Post-Traumatic Stress Disorder (a mental health condition triggered by experiencing or witnessing a terrifying or life-threatening event), and Congestive Heart Failure (a chronic syndrome where the heart muscle doesn't pump blood as efficiently as it should).</p> <p>Record review of Resident #115's admission MDS dated [DATE] revealed a BIMS score of 15 out of 15 indicating his cognition was intact. Further review of the MDS revealed he received scheduled pain regimen and had no presence of pain in the last 5 days.</p> <p>Record review of Resident #115's Care Plan initiated on 6/15/2026 and revised 7/7/2026 revealed, at risk for acute/chronic pain related to Cellulitis of the left lower limbs. His interventions revealed in part, .Administer analgesia medication (medications designed to relieve pain without causing a loss of consciousness) as per orders.</p> <p>Record review of Resident #115's History and Physical dated 6/5/2026 revealed within the assessment/plan, .Muscle spasms - continue cyclobenzaprine (a prescription skeletal muscle relaxant used to relieve muscle spasms, tightness, and pain caused by musculoskeletal injuries), (continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>ropinirole (a prescription medication used to treat Parkinson's disease and Restless Legs Syndrome) .</p> <p>Record review of Resident #115's physician order started on 6/12/2026 and discontinued on 6/13/2026 revealed an order for Cyclobenzaprine HCl Oral Tablet 10 MG Give 1 tablet by mouth every 8 hours for muscle spasm.</p> <p>Record review of Resident #115's physician order started on 6/12/2026 revealed an order for Cyclobenzaprine HCl Oral Tablet 10 MG Give 1 tablet by mouth every 8 hours as needed for muscle spasm.</p> <p>Record review of Resident #115's June 2026 MAR revealed Cyclobenzaprine HCl Oral Tablet 10 MG Give 1 tablet by mouth every 8 hours for muscle spasm was administered on 6/13/2026 at 7:00am and 3:00pm indicating 2 tablets had been administered.</p> <p>Record review of the facility Packing Slip Proof of delivery dated 6/13/2026 at 8:21pm revealed Resident #115 had a quantity of 30 Cyclobenzaprine 10mg tablets delivered.</p> <p>Record review of Resident #115's June 2026 MAR revealed Cyclobenzaprine HCl Oral Tablet 10 MG Give 1 tablet by mouth every 8 hours as needed for muscle spasm was administered 5 times on:</p> <p>6/16/2026 at 4:47am</p> <p>6/17/2026 at 8:40am</p> <p>6/23/2026 at 6:13am</p> <p>6/27/2026 at 6:33am</p> <p>6/28/2026 at 8:14pm</p> <p>Record review of Resident #115's July 2026 MAR revealed Cyclobenzaprine HCl Oral Tablet 10 MG Give 1 tablet by mouth every 8 hours as needed for muscle spasm was administered 4 times on:</p> <p>7/1/2026 at 8:00pm</p> <p>7/3/2026 at 8:42am</p> <p>7/4/2026 at 9:28am<br/>(continued on next page)</p> |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>7/4/2026 at 7:10pm</p> <p>Further review of the July 2026 MAR revealed no administrations on 7/5/2026, 7/6/2026, or 7/7/2026.</p> <p>Record review of Resident #115's June and July 2026 MAR revealed he was administered a total of 9 Cyclobenzaprine 10mg tablets from the 30-tablet prescription delivered on 6/13/2026 at 8:21pm.</p> <p>Interview and observation on 7/7/2026 at 10:20am, Resident #115 was sitting in a wheelchair in his room watching television. The resident had a bandage on his left leg dated 7/7. Resident #115 said he had three little holes in his leg under the bandage that were infected and he was at the facility to get treatment for the infection. Resident said he was currently taking antibiotics for the infection and he was also taking a muscle relaxer for spasms that he would get in his legs. Resident #115 said the nurse told him yesterday, they ran out of muscle relaxers when he asked for his as needed muscle relaxer. Resident #115 said he was not in pain but his legs were feeling tense which was why he wanted the muscle relaxer. Resident #115 said he would try asking for his muscle relaxer again today.</p> <p>Interview and observation on 7/7/2026 at 4:07pm, Resident #115 was sitting in a wheelchair in his room watching television. Resident #115 said he still had not gotten any muscle relaxers and said he did ask the staff again for it and they still said it was out but a refill was on the way from the pharmacy. Resident said he was now having spasms all over. Resident #115 said he was not offered any medication from an emergency supply.</p> <p>Interview and observation on 7/7/2026 at 4:13pm, the WCN said Resident #115 could sometimes be confused and probably got his medication and did not remember. The WCN said Resident #115's muscle relaxer was PRN so the nurse would be the one administering it. Observed WCN checking down the hall to find the nurse and was not able to locate her. The WCN asked what the issue with Resident #115's muscle relaxer was, and after being advised that he voiced not getting them because his prescription was out, the WCN said the medication could be pulled from the emergency kit if it was out. The WCN said she would call his nurse, LVN D, and let her know. The WCN was observed looking in her phone and shortly after, LVN D was coming down the hallway and she said, oh there she is.</p> <p>Interview and observation on 7/7/2026 at 4:16pm, LVN D had a small plastic cup in her hand and in it was a single pill package labeled cyclobenzaprine. LVN D said she was headed to Resident #115's room with the medication because he had asked for it about 30 minutes ago. LVN D said his Cyclobenzaprine was out and had been reordered, she went to check if it was in yet and it was not, so she pulled the medication from the pyxis. Observed LVN D enter Resident #115's room with medication and tell him she had muscle relaxer for him.<br/>(continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Interview on 7/8/2026 at 2:27pm, Resident #115 said he was told his muscle relaxers were out for like a day and a half before he was given the medication yesterday (7/7/2026) by LVN D. Resident #115 said he did not know the nurse's names who told him the medication was out and said he was not sure if it was LVN D who had previously told him the medication was out and did not give him anything. Resident #115 said he asked for the muscle relaxer on 7/6/2026 in the afternoon sometime when he was informed they did not have any more muscle relaxers. Resident #115 said he had been getting the muscle relaxers now and asked if it was time for him to have another one.</p> <p>Interview on 7/8/2026 at 2:35pm, RN B was at the nurse's station and said she would have to check if Resident #115 could get a muscle relaxer because she had already given him one in the morning and she had to wait 8 hours to give him another one. RN B said Resident #115 did ask for his muscle relaxers often and said the medication was out, but they got a refill last night. RN B denied that Resident #115 ever asked her for a muscle relaxer, and she told him it was out. RN B said if Resident #115 requested the medication while it was out, she would get it from the pyxis. RN B said she had not pulled any cyclobenzaprine from the pyxis for Resident #115 in the past.</p> <p>Record review of the facility Packing Slip Proof of Delivery form dated 7/7/2026 at 9:05pm revealed Resident #115 had 30 tablets of Cyclobenzaprine 10mg delivered.</p> <p>Record review of the facility schedule dated 7/6/2026 revealed LVN D was assigned to 500 hall for the day shift (7:00am &amp;ndash; 7:00pm) and RN C was assigned to work 500 hall for the night shift (7:00pm &amp;ndash; 7:00am).</p> <p>Interview on 7/8/2026 at 6:09pm, LVN D said yesterday (7/7/2026) Resident #115 asked for his muscle relaxer and she told him that she was going to check if it had been delivered yet because it was on order. LVN D said she did go check and the medication had not arrived from the pharmacy yet, so she went to pull it from the pyxis to administer. LVN D said his refill for Cyclobenzaprine was there at the facility now and stated, it came in last night. LVN D said she could not recall if Resident #115 asked for his Cyclobenzaprine on 7/6/2026 but stated if he had and it was out she would have gotten it from the pyxis like she did on 7/7/2026. LVN D said it was about 30 minutes that had passed from the time he asked for his muscle relaxer on 7/7/2026 to the time she went in and administered it to him.</p> <p>Phone interview on 7/10/2026 at 12:25pm, RN C said she worked the night shift and was familiar with Resident #115. RN C said she did not recall him asking for muscle relaxer on 7/6/2026. RN C said the resident did request the medication from her a few times in the past and she administered it but said lately he had not asked for it so she assumed he had been getting it on the day shift and was okay. RN C said the nurses administer his PRN medication and said if someone told him the medication was out, it would have been a nurse. RN C said if he asked her for the medication and she saw it was out, she would make sure the refill was ordered from the pharmacy and provide him the medication from (continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>the pyxis.</p> <p>Interview on 7/10/2026 at 1:00pm, the DON said that sometimes the nurses may get busy and forget about the emergency kit/pyxis. The DON said if nurses are waiting on a medication to be delivered and the resident is requesting it, they should pull the medication from the emergency kit to administer to the resident. The DON said she would have to look into why Resident #115 was out of his Cyclobenzaprine when the MAR indicated he had not used 30 tablets from the prescription.</p> <p>Interview on 7/10/2026 at 4:00pm, the DON said she had staff looking for Resident #115's remaining Cyclobenzaprine that was delivered on 6/13/2026. The DON said she had counted approximately 14 tablets that had been administered according to the MAR, meaning half of the prescription was missing. The DON said no one had found the missing medication yet and said she was not sure if the medication had been misplaced or if the nurses had been administering the medication and forgetting to mark it was given on the MAR. The DON reiterated that Resident #115 should have not gone without Cyclobenzaprine because the nurses have the option to pull the medication from the emergency kit and all the nurses have access to it.</p> <p>Record review of the facility Pharmaceutical Services policy Revised 5/2022 revealed in part, .It is the policy of this facility to provide pharmaceutical services (including procedure that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident.</p> |                                                                                  |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles and safe and secure storage of all medication for 1 of 3 medication carts (100 hall cart) and 1 of 2 medication storage rooms (500 hall storage room) inspected for medication labeling and storage. The facility failed to remove three non-administered antibiotic prescriptions dated [DATE] from the 100 Hall medication cart for Resident #133 and Resident #134. The facility failed to ensure promethazine suppositories stored in the 500 Hall medication storage room were appropriately labeled. These failures placed residents at risk for medication errors, administration of improperly identified medications, and compromised medication safety. Findings included: Observation and interview on [DATE] at 10:22am, revealed LVN E unlocked the 100 hall nurse medication cart for inspection. LVN E said she had some medications set aside in her cart that she was going to bring to the DON because they were not pulling up on the residents' MAR as active medication. Observations revealed LVN E pulled blister packs (pre-formed plastic packaging featuring individual cavities to hold pharmaceuticals) of medication out of the cart which showed 2 medication packs for Resident #133 (Levofloxacin and Fluconazole) and one medication pack for Resident #134 (Clindamycin). LVN E said the medications were dated as filled back in March of 2026 and was not sure why they were still on the cart. LVN E removed the medications, locked her cart, and said she was going ask the DON about the medications. Record review and observation of Resident #133's medication found on 100 hall nurse medication cart on [DATE] at 10:22am revealed a prescription for Levofloxacin tab 250mg, give 1 tablet by mouth everyday at bedtime for 10 days dated [DATE], expiration [DATE] with a quantity of 9 tablets dispensed. Further review of the blister pack revealed 7 tablets were left in the blister pack. Record review of Resident #133's second medication found on the cart revealed a prescription for fluconazole 100mg tablet, give 1 tablet by mouth 1 time daily for 7 days dated [DATE], expiration [DATE] and a quantity of 7 tablets dispensed. Further review of the blister pack revealed 5 tablets were left in the blister pack. Record review and observation of Resident #134's medication found on 100 hall nurse medication cart on [DATE] at 10:22am revealed a prescription for Clindamycin capsule 150mg give 3 capsules a day by mouth three times a day for 5 days dated [DATE], expiration [DATE] with a quantity of 36 capsules. Further review of the blister pack revealed 26 capsules were left in the blister pack. Record review of Resident #133's physician orders revealed an order started on [DATE] for Levaquin Oral Tablet 250 MG (Levofloxacin), Give 1 tablet my mouth at bedtime for recurrent UTI for 10 days. Order was discontinued on [DATE]. Record review of Resident #133's physician orders revealed an order started on [DATE] and completed on [DATE] for Fluconazole Oral Tablet 100 MG, give 1 tablet by mouth 1 time daily for 7 days. Record review of Resident #134's physician orders revealed an order started on [DATE] for Clindamycin HCl Oral Capsule 150 MG, give 3 capsules by mouth three times a day for infection for 5 days. Order was marked as completed on [DATE]. Further review of the physician order noted prescription was on hand from pharmacy and on hand from family supplied. Observation and interview on [DATE] at 11:02am, revealed RN B opened the medication storage room on the 500 hall and observation of the refrigerator in the storage room revealed a box labeled Promethegan Promethazine HCl suppositories 25mg for rectal administration. Further observation revealed the box was labeled to have 12 suppositories and expiration date of (continued on next page)</p> |                                                                                  |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                 |
| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | 2028/04. There was residue of a label that had been torn off the box. The box did not have a resident's name on it, instructions for use, or dispense date. RN B said she was not sure who the medication belonged to and said if the box did not have a label the medication should be discarded. RN B pointed out a locked box in the storage room and stated the DON would have to unlock the box and she would put the medication inside of it to be returned or destroyed. RN B did not know how long the Promethazine suppositories were in the refrigerator and said she had not noticed them in there. Further observation of the box revealed there were 10 suppositories left inside the box. RN B said prescription medications should always have a label on them to know who the medication belonged to and she did not know why it looked like the label had been removed from the box. Interview on [DATE] at 4:00pm, the DON said they have a pharmacist that comes once a month to review their medications and they also check their medication carts and medication rooms for old, expired or unlabeled medications to be discarded. The DON said the nurses and medication aides should be checking their carts at least once throughout their shift for medications that need destruction. The DON said if a resident is discharged and not taking medications with them, then they will put the medications in a locked destruction box. The DON said if a medication has been stopped and there was left over medication such as with Resident #133's and #134's antibiotics; the medications should be removed from the cart because the risk could be administering a medication that should no longer be given. The DON said aside from stock over the counter medications, all prescription medications should be labeled because staff will not know who it belongs to if it is not labeled. The DON said the Promethazine should be removed from the refrigerator and should be placed in the box to be destroyed. Record review of the facility Labeling of Medication Containers policy Revised [DATE] revealed in part, .Labels for individual drug containers shall include all necessary information, such as: a. the residents name; b. the prescribing physician name; c. the name, address, and telephone number of the issuing pharmacy; e. the prescription number; f. the date that the medication was dispensed; i. directions for use. Record review of the facility Storage of Medication policy Revised [DATE] revealed in part, .2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; 3. The facility shall not use discontinued, outdated, or deteriorated drugs or biological. All such drugs shall be returned to the dispensing pharmacy or destroyed. |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| <p>F 0627</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record reviews, the facility failed to develop and implement an effective discharge planning process that focused on the resident's discharge goals for 1 (Resident #76) of 5 residents reviewed for transfer/discharge. The facility failed to ensure that the WCN did not initiate the discharge process with Resident #76. The facility failed to ensure the discharge planner initiated discharge with Resident # 76. These failures placed residents at risk of not having an advocate who can inform them of their options, rights, and the added protection from being inappropriately transferred or discharged . Findings included: Record review of Resident #76's face sheet dated 06/30/2026 reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Diagnoses included: Cerebral infarction (when blood flow to part of the brain is obstructed), diabetes (when the body cannot properly use blood sugar, leading to high blood sugar levels), major depressive disorder (ongoing sadness or loss of interest which may affect how a person feels, think and sleep), chronic kidney location (when the kidney suffers long term damage), osteoarthritis (degenerative joint disease) of the left hip and left knee, idiopathic neuropathy (nerve damages that arises without a known trigger) and communication deficit (difficulty in receiving, processing, sending or comprehending information. Record review of Resident #76's MDS dated [DATE] revealed his BIMS score was 13-indicating normal thinking and memory. Functional abilities revealed he is dependent on staff in the following areas: Toileting hygiene, shower, upper and lower body dressing, personal hygiene, rolling left and right, sitting to lying, lying to sitting on side of bed, sitting to stand, chair/bed-to-chair transfer and toilet transfer. Uses a scooter and always continent for bladder and bowel. He is on the following medications: Antidepressant, diuretic, opioid and anticonvulsant. Record review of Resident #76's care plan revealed: At risk for injury. Goal: Will remain free of injuries. Intervention: Monitor/document for risk of falls measures that need to be taken to reduce risks of falls. Renal insufficiency (kidney fails to filter blood efficiently) related to chronic kidney disease. Goal: Will be able to resume normal activities of daily living. Intervention: Assist with ADLs and ambulate, watch for SOB and match level of assistance to resident's energy. At risk for falls. Goal: Will not sustain any injuries. Intervention: Encouraged to use the call light for assistance. In an interview with WCN on 07/08/2026 at 4:51 p.m., she said staff was scared to care for Resident # 76 because he made false accusations. She said she would give him five pamphlets to review and picked where he wanted to be discharged . The WCN said she told him she wanted to make sure he was safe and happy. She said she gave Resident # 76 five pamphlets and told him she would return after one week. She told him to let her know when he found a facility that he liked from the pamphlets. The WCN said she talked to Resident # 76 about discharge because she was the only staff he liked to talk to. In a face-to-face interview with Resident #76 at the facility on 07/08/2026 at 4:58 p.m., he said when the WCN gave him the verbal fifteen days' notice and the pamphlets to choose from he felt he was being kicked out of the facility. He said the WCN told him she would report to the State authority that no staff wanted to care for him because he made false allegations and that it was a felony to make fake police reports. In an interview with the discharge planner on 07/09/2026 at 9:25 a.m., she said if a resident were to be discharged , it was her responsibility, the Social Worker and the IDT to initiate the discharge process. She said discharge discussions were done if the resident requested or from the standpoint of the health insurance companies. The discharge planner said during a discharge process it was the responsibility of the discharge planner and the SW to hand out pamphlets to the (continued on next page)</p> |                                                                                  |                                                 |

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| F 0627<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>residents to select where they wanted to be discharged . She said if the residents had a list of facilities they wanted to select from, she would go over the list with them. She said she had never delegated the discharge process to the WCN. She said no staff had ever told her they offered discharge pamphlets to residents. She said some pamphlets were outside the SW's office and some in her office. She said if a discharge was not initiated by the rightful personnel, it would be an unsafe discharge. In an interview with SW on 07/09/2026 at 10:18 a.m., he said it was the responsibility of the discharge planner and the SW to issue the discharge notices. He said it was the responsibility of the SW and the discharge planner to notify the residents of the number of days remaining pending discharge. He said the nursing staff should not have initiated the discharge process with Resident # 76. He said if he knew the WCN had initiated the discharge process with Resident # 76, he would have notified the DON and the ADM. The SW said the consequence of not having the rightful personnel to initiate the discharge process would be misinformation. In an interview with ADON on 07/09/2026 at 11:39 a.m., she said the discharge process was the responsibility of the discharge planner and the nursing department. She said she had never delegated the WCN to initiate a discharge process. The ADON said she was not aware the WCN had initiated discharge discussions with Resident #76. She said, if she knew she would have reminded her of her job descriptions. She said no residents had complained that the WCN had initiated discharge process and given them pamphlets to select a facility of their choice. In an interview with the DON on 07/09/2026 at 12:24 p.m., she said it was the responsibility of the IDT (DON, SW, ADON, Director of Rehabilitation, discharge planner and the unit managers) to initiate discharges. She said the IDT would discuss with the residents where they were going and set up home health services if needed, follow up appointments and where they would pick up their medications. She said if someone other than the IDT did initiate discharge that would be an unsafe discharge. In an interview with the ADM on 07/09/2026 at 12:32 p.m., she said the residents could tell any staff they wanted to go home. If they did, the staff should have referred the resident to the discharge planner and the SW. If staff initiated discharge, that could lead to confusion, especially if that is not the staff's area of expertise. She said every staff had their specific job descriptions. Record review of facility's discharge policy Criteria for Transfer and Discharge Section: Admission, Transfer and Discharge revised on 04/2025 stated: It is the policy of the facility that each resident will remain in the facility and not transferred or discharged unless the discharge or transfer is appropriate. Discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community when return to the original facility is not expected.</p> |                                                                                  |                                                 |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>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 observation, interview and record review the facility failed to ensure a level II pre-admission screen and resident review (PASRR) was completed for 1 of 23 residents (Resident #115) reviewed for PASRR screening. The facility failed to correct Resident #115's PASRR screening level 1 to indicate he had a mental illness so he could receive a level II PASRR evaluation. This failure placed the residents at risk for inappropriate placement and missed specialized services. Findings included: Record review of Resident #115's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] from a hospital. Further review of the face sheet revealed diagnoses of: Cellulitis Of Left Lower Limb (bacterial infection of the deep skin and underlying tissues), Chronic Obstructive Pulmonary Disease (lung disease that blocks airflow and makes it hard to breathe), Type 2 Diabetes Mellitus (a chronic condition where your body becomes resistant to insulin, causing sugar (glucose) to build up in your bloodstream), Post-Traumatic Stress Disorder (a mental health condition triggered by experiencing or witnessing a terrifying or life-threatening event), and Congestive Heart Failure (a chronic syndrome where the heart muscle doesn't pump blood as efficiently as it should). Record review of Resident #115's admission MDS dated [DATE] revealed a BIMS score of 15 out of 15 indicating his cognition was intact. Further review of the MDS revealed the resident was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. MDS indicated resident had a diagnosis of Post-Traumatic Stress Disorder. Record review of Resident #115's care plan initiated on 7/7/2026 revealed, At Risk for Re-traumatization related to history of trauma Post-Traumatic Stress Disorder. The interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness; Anticipate and meet needs; Approach in a calm manner; His triggers are crowds and noise; Resident can be triggered by loud noises- provide a calm and quiet environment. Record review of Resident #115's PASRR Level 1 screening dated 6/12/2026 revealed there was no evidence or an indicator the resident had a Mental Illness resulting in a negative PASRR Level 1 screening. Record review of Resident #115's History and Physical dated 6/5/2026 revealed within the assessment/plan, .PTSD - Following with mental health, last visit 4/2026; Continue quetiapine, mirtazapine, donepezil, gabapentin, bupropion, prazosin. Record review of Resident #115's July 2026 MAR revealed he was receiving: bupropion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 MG, give 3 tablets by mouth one time a day for depression started on 6/16/2026 from 7/1/2026 - 7/10/2026 Donepezil HCl Oral Tablet 10 MG, give 1 tablet by mouth at bedtime for dementia started on 6/13/2026 from 7/1/2026 - 7/10/2026 Mirtazapine Oral Tablet 15 MG, give 1 tablet by mouth at bedtime for depression started on 6/13/2026 from 7/1/2026 - 7/10/2026 Quetiapine Fumarate Oral Tablet 400 MG, give 1 tablet by mouth at bedtime for PTSD started on 6/15/2026 from 7/1/2026 - 7/10/2026 Interview and observation on 7/7/2026 at 10:20am, Resident #115 was sitting in a wheelchair in his room watching television. The resident had a bandage on his left leg dated 7/7. Resident #115 said he had three little holes in his leg under the bandage that were infected and he was at the facility to get treatment for the infection. Resident said he was currently taking antibiotics for the infection and he was also taking a muscle relaxer for spasms that he would get in his legs. Resident said he was doing okay in the facility aside from them running out of his muscle relaxers. Interview on 7/9/2026 at 4:10pm, the MDS Coordinator said Resident #115 did have a diagnosis of PTSD but it was not a qualifying mental health diagnosis to mark a positive level I PASRR screening. The MDS Coordinator said qualifying mental health diagnoses were bipolar, schizophrenia, and major depressive disorder. Interview on (continued on next page)</p> |                                                                                  |                                                 |

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| F 0645<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | 7/9/2026 at 5:43pm, the MDS Coordinator said she reached out to her PASRR contact and learned that PTSD was a qualifying mental health disorder for a level II evaluation. The MDS Coordinator said she is now doing an audit of all the residents checking for missed qualifying diagnoses. MDS Coordinator said if a level 1 PASRR screening is incorrect the facility should submit a form called a 1012. She said form 1012 would ask if the resident had a primary diagnosis of dementia and if they did not have a primary diagnosis of dementia, they would complete the correction saying the resident does have a qualifying mental health disorder. The MDS Coordinator said then the local authority would come out to see if the resident qualifies for services. The MDS Coordinator said she was in the process of doing the facility audit and completing the 1012 for Resident #115. Record review of the facility PASRR policy revised 10/2022 revealed in part, .It is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized service to residents with Mental illness/ mental retardation. |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| F 0655<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to provide effective and person-centered care for 1 (Resident #142) out of 8 residents sampled for quality of care. The facility failed to ensure physician orders, dietary orders, and therapy services related to Resident #142's diagnosis of dysphasia and the need of therapeutic diet mechanical soft was included in base line care plan. This failure could place residents at risk of aspiration or choking and decline in quality of life. Findings include: Record review of Resident #142's Baseline Care Plan dated 7/10/2026 revealed a [AGE] year-old female admitted to SNF on 7/6/2026 with diagnoses of Hemiplegia and Hemiparesis affecting right dominant side (a form of paralysis that affects only one side of the body, usually resulting from damage to the brain or spinal cord and a neurological condition that causes weakness or partial paralysis on one entire side of the body), Hypertension (a condition where the force of your blood against artery walls is consistently too high), Epilepsy (a chronic neurological disorder characterized by recurrent, unprovoked seizures), Dysphagia (difficulty or discomfort in swallowing food, liquids, or even saliva). Record review of Resident #142's history and physical dated 6/26/2026 from discharged hospital revealed a diet texture of soft &amp; bite sized, liquid consistency of thin, and restrictions: Heart Healthy (2grams salt). Further review revealed a long-term goal to improve swallowing. Additional review revealed concern for aspiration due to coughing while eating. anticipated discharge date of 7/6/2026 to SNF. recommended PT, OT, SLP. Record review of Resident #142's Clinical admission dated 7/6/2026 completed by LVN E revealed a therapeutic diet order of soft and bite sized texture - mechanical soft texture. Record review of Resident #142's Progress Note dated 7/7/2026 e-signed by MD revealed History and Physical Note a diet of texture: soft &amp; bite-sized, liquid consistency - thin. Restrictions: Heart healthy (2 grams salt). Further review revealed Impression and Plan aspiration precaution. Record review of Resident #142's Order Summary Report dated 7/8/2026 revealed a verbal dietary order of Regular diet, Regular texture, thin liquids consistency. Record review of Resident #142's Baseline Care Plan dated 7/10/2026 revealed a focus of ADL self-care performance deficit related to hemiplegia with a goal to safely perform eating through review date with included intervention of Eating; requires x1 staff participation to eat. Further review of Baseline Care Plan did not reveal a care area related to Dysphagia diagnosis, or therapeutic diet of Mechanical Soft. Record review of Resident #142's Progress Note dated 7/9/2026 revealed a Therapy Assessment read in part Concerns with swallowing - No. Resident on special diet - No, Residents on a Regular Diet Observation and interview on 7/7/2026 at 1:00pm revealed Resident #142 sitting up in bed with legs over side of bed and bed side table in front of Resident #142. Resident #142 was served lunch that contained carrots, peas, rice, and gravy by CNA H. Observation revealed Resident #142 coughed while she ate lunch. Resident #142 stated it takes time to swallow food when eating. Resident #142 said a swallow study to address swallowing when eating was not completed at the SNF since admitted on [DATE]. Resident #142 was not sure if she needed to be supervised or monitored for help with meals or eating. In an interview on 7/9/2026 at 10:00am with SLP revealed that the process for screening new residents was either night before or morning of the admission and SLPs looked at new admissions information (previous facility or hospital documentation) to review background and chart of the resident. SLPs were to ask residents with swallow concerns about their meals and to complete a swallow assessment for the SNF. SLPs review diet orders from the hospital and ensure the diet orders are moved over to be followed at the SNF. SLP said a swallow study/ (continued on next page)</p> |                                                                                  |                                                 |

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| <p>F 0655</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>assessment was important to be completed first when the resident arrived to the SNF due to safety and helped create a baseline and goals for the residents care. SLP reviewed Electronic Therapy System and did not see any evaluations or assessments for Resident #142 . In an interview on 7/9/2026 at 10:44am Resident #142 said she had not been evaluated by therapy as of 7/9/2026 . An observation on 7/9/2026 at 12:59pm of meal cart on Hall of Resident #142 revealed Meal ticket on tray for Resident #142 read mechanical soft diet An attempted interview on 7/9/2026 at 11:40pm with Medical Assistant for MD said the last visit for Resident #142 was June 22, 2026 and there were no notes or other information available for Resident #142 regarding their diet need or diet order. Interview on 7/10/2026 at 11:19am with CNA H revealed the CNA Portal had information on residents care needs. Resident #142 ate all her meals however CNA H was not aware of a need to monitor or supervise Resident # 142 while eating, any history of swallowing concerns or current diet need for Resident #142 according to of a resident's care needs. CNA H said Resident #142 did not have swallowing issues and had not seen Resident #142 cough when eating. In an interview on 7/10/2026 at 12:36pm with LVN E revealed she remembered clinical assessment for Resident #142. LVN E said on Resident #142's hospital paperwork had a diet of minced or cut and bite sized texture. LVN E said the next day after the assessment (7/7/2026) therapy was to evaluate Resident #142 for any swallowing problems based on the hospital order diet. LVN E said a mechanical soft diet was ordered when it was hard for someone to swallow and to not need to chew as much with the mechanical soft food diet in place. LVN E said Rehab therapy, ADL needs, and current medications would carry over from previous facility unless a new evaluation was completed at SNF. LVN E said the hospital would upgrade the diet at discharge to regular when there was improvement however the diet for Resident #142 was put in at the SNF as mechanical soft since that was ordered. LVN E said SLP was told about the order, and a swallow study was to be done the following day according to the SLP. LVN E reviewed current orders for Resident #142 and noticed the diet was changed to regular. LVN E said diet orders can be changed when there was an evaluation completed to upgrade the diet order. LVN E said she completed a communication form that was given to the dietary department to inform them of the mechanical soft diet for Resident #142. In an interview on 7/10/2026 at 1:19pm with DON said if a swallow study/ test was needed it was scheduled and completed by an outside provider at the SNF to determine if a therapeutic diet was needed for a resident with swallowing concerns. Until the test was done precautions were to observe and check in while the resident was eating. When something of concern was seen while a resident ate it would be reported back to DON to be evaluated. Resident #142 had a care plan approach of x1 assistance however it did not state what type of assistance. DON reviewed clinical assessment of Resident #142 that revealed diet of cut and bite-sized foods, and meal ticket that read mechanical soft. DON reviewed current order in Resident #142's order summary that read regular diet. DON said she was not sure when therapy evaluated Resident #142 to complete swallow study to determine correct diet need for Resident #142. DON said there could be a risk of choking or struggling with swallowing food without correct or completed evaluation of Resident #142's diet needs. DON said the care plan and CNA portal would need to indicate supervision until evaluation was completed. In an interview on 7/10/2026 at 2:05 pm with Administrator said Resident #142 was screened yesterday (7/9/2026) for swallow and coughing concerns and it was determined there was no need for speech therapy due to the screening results. Administrator said the screening was completed by Rehab Department after they were informed that Resident #142 was seen coughing while eating. Administrator said the screening was to observe if a further assessment was needed and review diet order for Resident # 142. Administrator said the screening done on 7/9 read Resident #142 did not need speech therapy as Resident #142 was on a regular diet and there were no concerns (continued on next page)</p> |                                                                                  |                                                 |

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| F 0655<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | of coughing while eating. Administrator said any special instructions for a residents diet would be included in the diet order, but the facility did not have a cut or bite sized diet type and mechanical soft was not a cut or bite sized diet. Administrator said a mechanical soft diet was typically ground meat and for residents that cannot tolerate a regular diet. Administrator said when residents were discharged from hospital or previous facilities the diet order was given to the SNF upon admission and speech screening was not needed for a regular diet order. Administrator reviewed Resident #142's order summary in Electronic Health Record that read regular diet , meal ticket that read mechanical soft' and reviewed hospital discharge diet order of cut or bite sized diet. Administrator said there was a discrepancy with what diet Resident #142 was on based on the reviewed information and would speak to therapy to conduct a new assessment and receive the correct diet order. |                                                                                  |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet the resident's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment for 1 of 23 residents (Resident #69) reviewed for comprehensive person-centered care plans. The facility failed to develop a care plan addressing Resident #69's risk for skin breakdown. Resident #69 had dry, peeling skin on the buttocks that had resulted in a superficial pink area. This failure placed residents at risk for further skin breakdown, worsening skin impairment, pain, and infection Findings included:Record review of Resident #69's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] and discharged home on [DATE]. His diagnoses included: Chronic Obstructive Pulmonary Disease (a progressive lung condition that restricts airflow), Congestive Heart Failure (a chronic, progressive condition where the heart muscle doesn't pump blood as efficiently as it should), Chronic Kidney Disease, Stage 5 (the kidneys can no longer effectively filter waste, excess water, and toxins from the blood), Parkinsonism (a clinical syndrome characterized by four primary motor symptoms: tremors, stiffness, slow movements, and poor balance or walking difficulties),and Dependence On Renal Dialysis (kidneys have failed, and they require regular, ongoing medical treatments to artificially filter waste and excess fluid from their blood to survive). Record review of Resident #69's admission MDS dated [DATE] revealed a BIMS score of 13 out of 15 indicating his cognition was intact. Further review of the MDS revealed he was always incontinent of bowel and bladder (lacking voluntary control over urination or bowel movements), he was not at risk of developing pressure ulcers/injuries, no unhealed pressure ulcers/injuries, and no ulcers, wounds or skin problems. The MDS indicated skin and ulcer/injury treatments being used were pressure reducing device for chair and application of ointments/medications. Record review of Resident #69's care plan created on [DATE] and revised on [DATE] by WCN revealed a focus area of, Self-Care Performance Deficit related to decrease mobility. Superficial Pink Area/ Sacrum (triangular bone at the base of your spine, right above the tailbone). Interventions noted assistance with ADLs of toilet use, transfers, bed mobility, bathing, and dressing. Record review of Resident #69's care plan created on [DATE] revealed no mention of risk or prevention of skin breakdown. Record review of Resident #69's Braden Scale (an evidence-based assessment tool used by healthcare professionals to evaluate a patient's risk of developing pressure injuries) dated [DATE] revealed a score of 14 out of 23 indicating a moderate risk of developing pressure injuries. Record review of Resident #69's Braden Scaled dated [DATE] revealed a score of 15 out of 23 indicating a mild risk of developing pressure injuries. Record review of Resident #69's physician orders revealed an order started on [DATE] to Apply house barrier cream topically to buttocks/perineal area (the diamond-shaped region of the body located between the thighs, encompassing the external genitals and the anus) as needed and to Apply house barrier cream topically to buttocks/perineal area every shift. Record review of Resident #69's skin check assessments on [DATE], [DATE], and [DATE] by WCN revealed no skin issues. Record review of Resident #69's skin check assessments dated [DATE] by WCN revealed no skin issues but noted, dark discoloration to sacrum. small red blotches, no open areas. no drainage noted. perineal tissue present with erythema (redness of the skin). Mottled (patchy, uneven discoloration) and fragile. pink in color from resolved pressure injury on admission. resident continent bowel and bladder (the ability (continued on next page)</p> |                                                                                  |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                         | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>to voluntarily control your bowel and bladder functions). Record review of Resident #69's skin issue assessment dated [DATE] by WCN reflected there was a new skin issue located on the buttocks and was described as, superficial pink area. bilateral buttocks, that was present on admission and chronic last more than 3 months. The assessment further noted:Wound Bed - pink or redPeri wound (the skin immediately surrounding a wound) condition - New, pink to purple, shiny skin tissueSurrounding Tissue - black / blue, Dry / flaky, Eczematous (skin inflammation that typically features red, itchy, dry, and inflamed skin), Fragile: Skin that is at risk for breakdown, and normal in colorAdditional Care - moisture barrier, moisture control, positioning wedge, turning and repositioning program.Skin issue education - care skin issue, change clothing/briefs, change/shift positions frequently, dressing change, moisture barrier, and treatment of skin issue. Record review of Resident #69's SBAR dated [DATE] at 11:39am by WCN revealed there was a change in condition reported which was noted as, Change in skin color or condition. There were no nursing observations, evaluations, and recommendations noted. Record review of Resident #69's progress note dated [DATE] at 3:42pm revealed, Resident discharged home with [family member] on doctor order during this shift. Superficial pink area noted to bilateral buttocks, resident [family member] aware, doctor aware too. No other skin issues noted on discharge. Discharge paperwork signed by [family member]. Interview on [DATE] at 5:20pm, WCN said she did assess Resident #69's skin and there was dried skin and pink blotches to his inner glutes but there were no open areas to the skin. The WCN said Resident #69 had dried flaky skin to his buttocks since his admission and during his last skin assessment it was noticed that some of the skin had maybe flaked/peeled off leaving behind new pink skin. The WCN said Resident #69's family member had a concern about the area to the buttocks but she said his family member just wanted to know what it was and she explained to her the pink area was not a pressure ulcer, it was a superficial pink spot on the skin where the dry skin had peeled off. The WCN said she did not think Resident #69 was incontinent and said he would go the bathroom. She also said Resident #69 could reposition himself in bed and would get up in his chair in the room. The WCN said he would be considered at risk for skin breakdown because he was a dialysis patient and would sit for long periods of time while getting dialysis. The WCN said they would apply barrier cream to his skin as an intervention to prevent skin breakdown and she did skin assessments and checks every week. Interview on [DATE] at 9:48pm, Resident #69's family member said one of her main concerns with Resident #69 being in a nursing facility was him getting wounds. Resident #69's family member said after the resident was at the facility for a few weeks she asked the resident about staff changing him and he told her there were times he went all day wet without staff changing his brief. Resident #69's family member said she looked at the resident's bottom on [DATE] and saw one area that looked like it was healed but saw two open areas that were new and had a little wetness to it. She said she was so upset, she left the facility and came back the next day on [DATE] and removed the resident from the facility. She said no one ever said anything to her about the resident's skin and him having any type of breakdown. She denied the WCN looking at the resident's skin with her or showing her anything but said she was so angry she could have not heard her. Resident #69's family member said she had some pictures she took of his buttocks on [DATE] when she first saw the skin breakdown. Record review of pictures provided by Resident #69's family member on [DATE] at 9:56pm revealed a photo of bilateral buttocks where the skin was dried and the inner bilateral buttocks had died flaky skin with a pink patch on one side and another pink patch on the other side. No drainage observed in picture and the skin appeared to be dried as well over the pink patches. Interview on [DATE] at 10:59am, LVN D said Resident #69 was incontinent and needed to be changed. LVN D said Resident #69 was at risk for skin breakdown given his incontinence, his medical diagnoses, the fact that he (continued on next page)</p> |                                                                                  |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Cambridge Health and Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1106 Golfview<br>Richmond, TX 77469 |                                                 |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>was a large sized man, and would sit for long periods of time to get dialysis. LVN D said Resident #69 could get up and transfer to his chair with assistance and he could also reposition himself. LVN D said some interventions they used to prevent his skin from breaking down were to apply house barrier cream to his perineal and buttocks. LVN D said she did see Resident #69's skin and said he had dried skin to his bilateral buttocks and said the CNA had let her know that there was a pink area which is why she went to inspect the skin. LVN D described the pink area as how the skin looks when a scab or dry skin is peeled off and leaves behind shiny pink new skin. LVN D denied there being any drainage to the pink skin areas and said she applied the barrier cream to the area to help with the dry skin flaking. LVN D could not remember when the pink area appeared but stated Resident #69 had the dry flaky skin to his buttocks since admission. LVN D said the WCN was aware of the pink skin areas. LVN D said she never heard of any issues of him being left wet and stated since the resident was a dialysis patient he did not produce as much urine and was seldomly wet. Interview on [DATE] at 11:01am, CNA C said Resident #69 was incontinent and needed one person to change him. She said Resident #69 was very pleasant and quiet and would not call for the CNA so she would have to often check on him to see if he needed anything. CNA C said Resident #69 brief was never soaked with urine and said most times when she would change him the brief would be dry or not have that much urine. CNA C said she did say something to Resident #69 about him not being wet and he told her it was because he was on dialysis and he never had much urine. CNA C said she did see some dry skin to Resident #69's buttocks since he admitted to the facility but said there was an area where it looked like the dry skin sheared off and there were little pink spots. CNA C said she let the nurse and the WCN know about the pink spots and they advised putting barrier cream to the area. CNA C could not remember when she first saw the pink area to Resident #69's buttocks. CNA C said some interventions they used to prevent Resident #69's skin from breaking down were the barrier cream and she would try to remind him to turn and reposition. Interview on [DATE] at 1:11pm, the MDS Coordinator said Resident #69's care plan was completed by the other MDS Coordinator but she was not available. The MDS Coordinator said comprehensive care plans should be completed 7 days after the admission MDS is completed. The MDS Coordinator said they will typically complete a care plan area of being at risk for skin breakdown because all of the residents are at risk. The MDS Coordinator was not familiar with Resident #69 but stated he should have had a care plan addressing his risk for skin break down and said typical interventions are skin barrier cream, turning and repositioning, assessing the skin, moisture control, and pressure relief. The MDS Coordinator did review Resident #69's care plan and stated she did not see a care plan area addressing risk for skin break down. The MDS Coordinator could not say why the other MDS Coordinator did not include it in the care plan. The MDS Coordinator said they have a nurse manager meeting once a week and have morning meetings where they discuss new developments or things residents may be at risk for to be captured in the care plan, then they come up with interventions together to be added to the care plan. Interview on [DATE] at 4:00pm, the DON stated that they try to put everyone in the facility at risk for skin breakdown. The DON said she saw Resident #69's skin herself and described the area as dry skin and a small pink area of skin where the dry skin had maybe rubbed off. The DON said during her investigation she did find that everyone was saying the resident had dry skin to his buttocks since admission and said she did notice the skin assessments upon admission and there after did not notate the dry skin issues. The DON said she had completed training with staff over the weekend regarding skin assessments. The DON said Resident #69 was someone at risk for skin breakdown and agreed there should have been a care plan area in place with interventions on how to prevent his skin from breaking down. Record review of the facility Care Plans - Comprehensive policy Revised [DATE] (continued on next page)</p> |                                                                                  |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | revealed in part, .1. Our facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. Each resident's comprehensive care plan is designed to: 1. Incorporate identified problem areas; 2. Incorporate risk factors associated with identified problems. |                                                                                  |                                                 |