

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675923	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Marbridge Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 2504 Bliss Spillar Road Manchaca, TX 78652	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program to the maximum extent practicable to avoid duplicative testing and effort, which included incorporating the recommendations from the Preadmission Screening and Resident Review level II determination and the Pre-admission Screening and Resident Review evaluation report into a resident's assessment, care planning and transitions of care for one (Resident #1) of six residents reviewed for Pre-admission Screening and Resident Review assessments. The facility failed to provide specialized services to Resident #1 as recommended and agreed upon by the Interdisciplinary Team (IDT). Findings: Record Review of Resident #1 ' s face sheet dated 07/23/2026 reflected the [AGE] year-old male resident was re-admitted to the facility on [DATE] with a diagnosis of Cognitive Communication Deficit (difficulties in communication that arise from impairments in cognitive processes such as attention, memory, perception, and executive function), Cerebral Palsy (is a neurological movement disorder characterized by high muscle tone (spasticity) causing severe stiffness and tightness, primarily affecting the legs more than the arms) and Lennox-Gastaut Syndrome (a complex and severe form of epilepsy that typically develops in children between ages 3 and 5). Record review of Resident #1's annual MDS assessment dated [DATE] reflected he had a BIMS score of 3 and indicates severe cognitive impairment and signaling major difficulties with memory, orientation, and recall. He required dependence on staff for eating, toileting hygiene, showering/bathing and personal hygiene. He required supervision or touching assistance when moving from seated position to standing, from chair or bed to chair transfer or toilet transfer. He required partial to moderate assistance when walking 10 feet on uneven surfaces. He used a manual wheelchair. Record review of Resident #1's Comprehensive Care Plan initiated on 04/26/2026 and last revised on 04/29/2026 reflected Resident #1 has been identified as having PASRR positive status related to an intellectual disability, Cerebral Palsy. His interventions indicated: Resident #1 requires Nursing Facility specialized services of PT, OT and ST to maintain his highest level of practicable well- being. needs assistance to participate in activities due to impaired mobility, impaired vision. Goal is Resident will verbalize desire to attend activities. Interventions: staff will engage Resident # 1 in group activities. Record Review of Resident #1's first PASRR Evaluation dated 03/12/2026 revealed the MHMR Authority of the local county determined he was eligible for PASSRR services due to an Intellectual Disability and a Developmental Disability. Record review of Resident #1's 2nd PASRR evaluation dated 04/22/2026 revealed it was determined that Resident #1 was PASRR positive due to Intellectual Disability and Developmental Disability. Record review of Resident # 1's PASRR Evaluation meeting dated 04/29/2026 revealed he was Medicaid eligible and Specialized Services and a Specialized or Treated Pressure- Reducing (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Support Surface Mattress were approved. Record review of Resident #1's progress notes dated 04/29/2026 revealed an initial care plan meeting was held for Resident # 1. The resident's family member and the PASRR Habilitation Coordinator were present. It was determined that IDT would continue to monitor and assist. Record review of Resident #1's progress notes dated 07/15/2026 revealed a quarterly care conference was held. The resident's family member was on the phone and the PASRR Habilitation Coordinator was present. Resident #1 was going to be evaluated for PT, OT and ST and he was on current on restorative. During an interview on 07/23/2026 at 9:00 a.m., the ADM stated, This facility is unique in that the facility is for residents who have both a diagnosis of IDD and who also need skilled services. The ADM stated the facility catered to those who were on Medicaid and who were PASRR positive. The ADM stated that the Rehabilitation Manager was responsible for PASRR compliance and she was out on leave when Resident #1 was admitted to the facility. He stated the ST filled in for the Rehabilitation Manager, and she was responsible for the PASRR compliance. The ADM said, The problem here is that people did not get their stuff together and he never was in need of a specialized mattress. He stated the ST was not familiar with how to stop the process in TMHP. The ADM stated, Nothing was delayed for [Resident #1's] care but the facility failed to use the proper channels to cancel the request for a specialized mattress. He stated, staff did not provide the Medicaid requested information in a timely manner. He said the SW was responsible for making first contact with prospective residents and for obtaining the PL1 if it was available. The ADM stated Resident # 1 was admitted to the facility with a known ID and he was PASRR positive. The ADM stated that was notified of Resident # 1's PASRR status. During an interview on 07/23/2026 at 9:20 a.m., the SW stated the specific mission of the facility was to care for residents with ID and who need skilled services. The SW said prescreen all residents, so she knew before they are admitted to the facility of their PASRR status, the facility only took PASRR positive residents or private pay. The SW said it was determined at the IDT meeting 4/29/2026 that a specialized mattress was required for the resident. At that time the referral for the specialized mattress was requested along with PT, OT and ST. She said both the Habilitation Coordinator and herself are responsible for submitting a referral to TMHP portal. The SW stated Resident # 1 was assigned a Habilitation Coordinator as a PASRR Service Coordinator. During an interview on 07/23/2026 at 10:39 a.m., the Rehabilitation Manager stated the facility's process for PASRR as, they did therapy screening before they make a request for PT, OT or ST or for durable medical equipment. It is responsibility to submit the evaluation to TMHP and they tell if that service has been approved or not. If a request is denied, they have a certain amount of time to resubmit the request and to provide proof supporting that need for that request. She stated, she did not make the request on TMHP for services for Resident # 1 and she was on leave when Resident # 1 was admitted . The Rehabilitation Manager stated the request for services and for a specialized mattress was made by ST as she was filling in for her. She stated the ST received a noncompliance request for additional information regarding the need for a specialized mattress. During an interview on 07/23/2026 at 11:44 a.m., the ST stated she was responsible when the Rehabilitation Manager was out on leave and when Resident # 1 was admitted to the facility. She stated, I did not enter any requests on the TMHP site for this resident. I didn't request a mattress. I believe the Rehab Coordinator did that. She stated a request for services or specialized equipment requires them to sign a document confirming the need. She stated the Rehab Coordinator should know who signed for the equipment. The ST stated on 6/17/26, the ADM forwarded an email from the PASRR Compliance unit to her. The ST stated, on 6/19/2026 she sent and an EM to the PASRR Support, and told them, We have re-evaluated the need for this item and have determined that at this time it will no longer be required. Record review on 07/23/2026 of an email titled: PASRR NFSS (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Compliance Request. The email reflected: within 20 business days following the date that the services are agreed to in the IDT meeting. If the resident is still in your nursing facility, you must submit a request for the PASRR specialized services agreed to during the IDT meeting within 3 business days for therapies and five business days for DMEs or CMWCs of receiving this email (this would be June 24, 2026). Record review on 07/23/2026 of an email dated 06/18/2026 reflected: the SW forwarded an email from PASRR Support, regarding the issue of noncompliance. The email reflected: As a reminder, during the IDT meeting documented on this PCSP form, PASRR Specialized Services DME products were recommended and agreed upon by the SP team. However, our records indicate that no NFSS request has been submitted for this individual (no paperwork was submitted.) During an interview on 07/23/2026 at 1:28 p.m., Habilitation Coordinator stated that she was aware that in the IDT meeting on 4/29/2026 everyone agreed that Resident # 1 would benefit from a specialized mattress. She stated that the Therapy Manager was usually responsible for requesting services on the portal, but the ST was filling in for her at the time Resident # 1 was being evaluated. She stated the SW was responsible for adjusting the information on the portal and said, I entered the information regarding my position. During an interview on 07/23/2026 @ 2:05 p.m., QM stated that she was with the PASRR compliance unit. She said, This facility was out of compliance regarding [Resident # 1's] PASRR timeline of 5 days. She stated, On 6/17/2026 I wrote to the administrator they were already out of compliance. On 6/26/2026 I sent a follow-up email to administrator and I received no response until 7/15/2026. They sent the needed information that explained that the resident no longer requires the requested DME. Record review of policy: admission Criteria And PASRR- dated 2001, revision date of March 2019. Policy Statement Our facility admits only residents who's medical and nursing care needs can be met. The objective of our admission criteria policy is to: provide uniform criteria for admitting residents to the facility. 6. Residents are admitted to this facility if their needs can be met adequately by the facility. 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders per the Medicaid Pre-admission Screening and Resident review (PASRR) Process. a. The facility conducts a Level I PASRR screen for all potential admissions regardless of payer source, to determine if the individual meets the criteria for an MD, ID or other related disorders. 2. The Social worker is responsible for making referral to the appropriate state- designated authority. c. upon completion of the Level II evaluation, the state PASRR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate. e. the Interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential residents that are outlined in the evaluation. f. Once a decision is made, the state PASRR representative, the potential resident and his or her representative are notified.		