STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676108	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vidor Health & Rehabilitation Center	470 Moore Dr Vidor, TX 77662

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 25115 Based on interview and record review, the facility failed to ensure prompt efforts were made to resolve grievances for three of three months (12/24, 01/25, and 02/25) reviewed for grievances. The facility did not thoroughly investigate or take prompt action to resolve complaints/grievances voiced during the residents' council meeting on 12/03/24, 01/07/25, and 02/04/25. This failure could place residents at risk for grievances not being addressed or resolved promptly. Findings included: Record review of resident council minutes for 12/03/24 indicated complaints included staff talking on personal phones while providing care, call lights not answered timely, fresh water was not provided regularly, evening snacks were not provided, beds were not made timely, food on trays not matching the meal tickets, cold food, not receiving correct meal, and not receiving clean bedsheets on a regular basis and as needed. Record review of grievances for 12/24 indicated there were no grievances written or addressed from the residents' council minutes dated 12/03/24. Record review of resident council minutes for 01/07/25 indicated complaints included aides talk on personal phones when in resident rooms, call lights not answered timely, staff not wearing name badges, no night snacks except what kitchen puts out, beds not made timely, cold food, meals not delivered timely, and not receiving correct meal. Record review of grievances for 01/25 indicated there were no grievances written or addressed from the residents' council minutes 01/07/25. Record review of resident council minutes for 02/04/25 indicated complaints included call lights not answered timely, no night snacks, beds not made timely, wrong food on meal tickets, cold food, and not receiving correct meal. Record review of grievances for 02/25 indicated there were no grievances written or addressed from the residents' council minutes from 02/04/25. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025

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F 0585

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

During an interview on 02/11/25 at 10:00 a.m., the SW said she was not aware of any unaddressed grievances from the resident council. She said she was not aware she was supposed to write up or address the grievances from the residents' council meetings.

During an interview on at 02/11/25 at 10:13 a.m., the Activity Director said she did not write up grievances from the residents' council minutes. She said she emailed the minutes to the Administrator, but she did not send the minutes to the SW. She said she was not aware she was supposed to write up or address the grievances from the residents' council meetings.

During an interview on 02/11/25 at 12:30 p.m., Resident #3 said said she attended the residents' council meeting. She said the facility did not address the complaints or grievances. She said the food was usually always cold on the weekends, the meals were gross, and staff talked on their phones in resident rooms.

During an interview on 02/11/25 at 12:45 p.m., Resident #1 said it was no good to make a complaint or grievance because nothing was ever done about it. She said the food was always cold on the weekends and did not taste good.

During an interview 02/11/25 at 12:50 p.m., Resident #4 said she attended the residents' council meeting. She said the facility did not address the complaints or grievances. She said the food was usually always cold on the weekends, the meals were always bad, and staff talked on their phones in resident rooms.

During an interview on 02/11/25 at 1:08 p.m., the Administrator said he was not aware of any current or unaddressed grievances. He said the SW was the Grievance Official. He said he and the SW kept track of the complaints/grievances. He said the SW was new and may not have been aware she was supposed to address the grievances from the residents' council minutes. He said he received the residents' council minutes in his email but did not review to ensure any complaints were addressed. He said all complaints from the resident council should be addressed as grievances.

During an interview on 02/11/25 at 1:15 p.m., Resident #2 said she attended the residents' council meeting. She said the facility did not address the complaints or grievances. She said the food was usually always cold on the weekends, the meals were gross, and staff talked on their phones in resident rooms.

Record review of the facility's Grievances policy dated 11/02/16 indicated The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have.

2. The grievance official of this facility is the administrator or their designee. 3. The grievance official will:

Oversee the grievance process

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NAME OF PROVIDER OR SUPPLIER Vidor Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 470 Moore Dr Vidor, TX 77662	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Receive and track grievances to their conclusion Lead any necessary investigations by the facility Maintain the confidentiality of all information associated with grievances Issue written grievance decisions to the resident Coordinate with state and federal agencies as necessary . 6. All written grievances decisions will include: The date the grievance was received A summary statement of the residents grievance The steps taken to investigate the grievance A summary of the pertinent findings or conclusions regarding the resident's concern(s) A statement as to whether the grievance was confirmed or not confirmed Any corrective action taken or to be taken by the facility as a result of the grievance The date the written decision was issued . 8. Maintaining evidence demonstrating the results of all grievances for a period of no less than 3 years from the issuance of the grievance decision.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25115 Based on interview and record review, the facility failed to ensure a resident who was unable to conduct activities of daily living received necessary services to maintain good nutrition, grooming, personal and oral hygiene for 1 of 8 residents (Resident #1) reviewed for ADLS. The facility failed to provide showers or baths to Residents #1 in compliance with their shower/bath schedule and she did not receive a scheduled shower/bath on 02/07/25. This failure could place residents at risk of a decline in hygiene, at risk of skin breakdown, level of satisfaction with life, and feelings of self-worth. Findings included: Record review of Resident #1's face sheet dated 02/11/24 indicated she was a [AGE] year old female admitted on [DATE]. Her diagnoses included cardiomegaly (enlarged heart), dementia (loss of cognitive functioning) with behavioral disturbance, morbid obesity (BMI (body mass index) of 40 or higher), urogenital (urinary and reproductive) candidiasis (fungal disease), and rheumatoid arthritis (chronic inflammatory disorder). Record review of Resident #1's quarterly MDS assessment date 01/16/25 indicated she was able to make herself understood, usually understood others, was cognitively intact (BIMS 15), had impairment of both sides upper and lower extremities, and she required substantial/maximal assist for shower/bath. Review of Resident #1's care plan dated 05/31/24 indicated she had and ADL deficit. Interventions included Resident #1 required 1 staff assist with bathing. Record review of Resident #1's skin assessment dated [DATE], completed by LVN G indicated she had rash and yeast to left left abdominal folds, behind left and right knee, right breast, and right lateral back and MASD to both buttocks. Record review of Resident #1's wound care assessment dated [DATE] completed by indicated she had yeast infection under her right breast and left abdominal fold and skin rash of right posterior knee and right lateral back. There were no signs of infection. Interventions included wound care. Resident #1 was at high risk of wound incidence due to impaired mobility and co-morbid conditions. Record review of Resident #1's shower/bath schedule, provided by the facility, indicated she was to receive a shower/bath every Monday, Wednesday, and Friday on the 6:00 a.m. to 2:00 p.m. shift. Review of Resident #1's showering tasks in the EMR indicated she did not receive a shower/bath on 02/07/25. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/11/25 at 10:15 a.m., Resident #1 said she did not receive a shower/bath on 02/07/25 because the aide did not have time. She said she did not receive a shower/bath until 02/10/25. She said she should not have missed any shower/bath because she sweats and her skin breaks out. During an interview on 02/11/25 at 3:12 p.m., the DON said it was her expectation residents received their shower/bath as scheduled. She said CNA C left her shift at 2:00 p.m. on 02/07/25 and then the 2:00 p.m. staff (CNA D) completed her assigned residents' showers/baths but did not complete Resident #1's shower/bath. She said if staff were not able to complete the shower/bath then they were supposed to notify the charge nurse or herself. She said she was not notified Resident #1 did not get her shower/bath. She said Resident #1 should have received her shower/bath as scheduled. She said residents were at risk of skin break down and other skin issues and infections when they did not receive shower/bath, as necessary. During an interview on 02/11/25 at 3:21 p.m., CNA C said she had completed three other residents' shower/baths and ran out of time to complete Resident #1's shower/bath. She said she talked to the next shift aide so it could be done. She said she did not tell the charge nurse she was not able to complete Resident #1's shower/bath. She said residents were at risk of skin break down and other skin issues and infections when they did not receive shower/bath, as necessary. During an interview on 02/11/25 at 3:37 p.m., CNA D said Resident #1 told her she never had her shower/bath on 02/07/25. She said she would try to get it done but ran out of time. She said she did not inform the charge nurse Resident #1 did not have a bath. She said residents were at risk of skin break down and other skin issues and infections when they did not receive shower/bath, as necessary. Record review of the facility's Bath, Tub/Shower policy dated 2003 indicated Bathing by tub bath or shower is done to remove soil, dead epithelial cells, microorganisms from the skin, and body odor to promote comfort, cleanliness, circulation, and relaxation. A medicated tub bath can also be provided to treat skin conditions. The aging skin becomes dry, wrinkled, thinner and blemished with various aging spots over time and is easily affected by environmental temperature and humidity, sun exposure, soaps, and clothing fabrics. The frequency and type of bathing depends on resident preference, skin condition, tolerance and energy level. Although a daily bath or shower is preferred and necessary for some, the aging skin can be maintained by bathing every two days or with partial bathing as needed. Goals 1. The resident will experience improved comfort and cleanliness by bathing. 2. The resident will maintain intact skin integrity. 3. The resident will be free from soil, odor, dryness, and pruritus following bathing.

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F 0804

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 25115

Based on observations, interviews, and record review, the facility failed to provide food that was palatable and attractive for 7 of 7 meals reviewed for food and nutrition services.

The facility failed to ensure dietary staff provided food that was palatable and had an appetizing appearance from 12/19/24 through 02/08/25.

These failures could place residents at risk of decreased food intake, hunger, and unwanted weight loss.

Findings included:

An observation of a photo dated 12/19/24 depicted 1/4 of a grilled cheese sandwich on a disposable foam plate and 1/4 bowl of broccoli soup in a disposable foam bowl.

During a confidential interview on 02/11/25, it was described as cold grilled cheese and soup cold.

An observation of a photo dated 01/12/25 depicted an amount of tuna with mayo not spread over the entire piece of unbuttered bread served with cold macaroni and sliced beets on disposable foam.

During a confidential interview on 02/11/25 it was described a flavorless tuna and macaroni salad. The bread had no butter.

An observation of a picture dated 02/02/25 depicted a bowl of cream soup in a disposable foam bowl and 1 small bun unbuttered bun with ham and cheese on a disposable foam plate.

During a confidential interview on 02/11/25 it was described as a cold bowl of soup with no flavor and a cold bun with no butter.

Observation of a picture dated 02/03/25 indicated tortilla chips in a disposable foam container next to a second container with lettuce and unseasoned meat on the lettuce.

During a confidential interview on 02/11/25, it was described as cold taco chips and cold meat with no seasoning. There was no cheese or salsa served with the meal.

An observation of a photo dated 02/07/25 depicted an unappetizing appearing mound of pale colored meat on a dry hot dog bun on a disposable foam plate with tater tots and peas.

During a confidential interview on 02/11/25, it was described as no chili flavor, no cheese, and no [NAME] chilidog next to cold tater tots and cold carrots and peas.

Observation of a picture dated 02/08/25 depicted a small amount of white rice, 3 chicken nugget-type pieces, and two small spring rolls on a disposable foam plate.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a confidential interview on 02/11/25 it was described as cold and flavorless with no orange sauce for the chicken. Observation of a picture dated 02/09/25 depicted a disposable foam bowl of cream soup with bacon bits half full. During a confidential interview on 02/11/25, it was described as a cold bowl of potato soup with no flavor. There was one cookie served for dessert. There was no sandwich or vegetables. During an interview on 02/11/25 at 10:43 a.m., DM A said all meals were supposed to be served on regular dining plates and bowls with warmer covers to maintain proper temperatures. She said kitchen staff were not supposed to serve any food in disposable foam unless there was an emergency, or they were not able to do the dishes due to equipment failure or no hot water. She said staff were inserviced to use proper dishware and not use disposable foam dishes for residents' meals. She said residents should be served food that was warm and palatable. During an interview on 02/11/25 at 10:45 a.m., the Administrator said residents' meals were supposed to be served on regular dishes and not on disposable foam. He expected the meals to be palatable and at the appropriate temperature. He said palatability ensured enjoyable meals. He was aware of some cold food grievances but those were addressed, and he was not aware of current complaints of cold food. The Administrator said the dietary department was responsible for ensuring meals were palatable and at appropriate temperature. During an interview on 02/11/25 at 12:00 p.m., DC B said she used disposable foam to serve meals on 02/08/25 because it was hot in the kitchen and not using the dishwasher kept the temperature down. She said she did not inform the Administrator or DM A of A/C issues. During an interview on 02/11/25 at 12:30 p.m., Resident #3 said the food was always cold when it was served in disposable foam plates and bowls. During an interview on 02/11/25 at 12:40 p.m., DM A said she was made aware (on 02/11/25) dietary staff was purchasing disposable foam dishes and using them when supervisory and managing staff were not in the facility. During an interview on 02/11/25 at 12:45 p.m., Resident #1 said the food was always cold, especially when served in disposable foam plates and bowls. During an interview 02/11/25 at 12:50 p.m., Resident #4 said the food served in disposable foam always cold. Record review of the facility's Preparation of Foods policy dated 2012 indicated We will establish safe and nutritional preparation of food. Food is to be prepared in such a manner as to maximize flavor, appearance, and nutritional value. 2. All food will be prepared by methods that preserve nutritive value, flavor, and appearance with a variety of color, and will be attractively served at the proper temperature and in a form to meet the individual needs of the resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 25115 Based on observation and interview the facility failed to ensure a surge protector was not used to multiply the number of existing electrical outlets in 1 of 1 resident room reviewed for electrical outlets. On an unknown date through 02/11/25, the facility utilized an outlet adapter and extension cords to multiply the number of existing outlets in Resident #1's room. This failure could lead to overloading the electrical circuit and create an electrical fire, causing smoke inhalation and fire related injuries among the residents. Findings included: During observations on 02/11/25 at 10:15 a.m. of Resident #1's there was duplex outlet that had a 6-outlet adapter being used to increase the number of existing electrical outlets supplying power to an electric bed, a mini refrigerator, a television, a cell phone charger, an oxygen humidifier, and an orange extension cord connected to a white extension cord that powered three individual fans. During an interview on 02/11/25 at 10:15 a.m., Resident #1 said the previous facility maintenance staff had plugged in all the cords into the outlet. She said she was worried about sparks from the electrical outlets but had not observed any sparks or smoke. She said there was not enough outlets in the room for all the electrical appliances. During an interview on 02/11/25 at 11:29 a.m., the Administrator said he was not aware the electrical cords and extension cords were not in compliance with the regulations. He said the previous maintenance supervisor would have been the staff responsible to ensure all electrical was safe. He said the new maintenance supervisor (hired 02/10/25) would have to address the observed electrical issues. He said there was a risk of electrical fires when electrical outlets were overloaded.