

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 04/16/2025
NAME OF PROVIDER OR SUPPLIER Vidor Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33460</p> <p>Based on interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain grooming, and personal and oral hygiene for 2 of 17 residents (Resident #1 and #2) reviewed for ADLS.</p> <p>The facility failed to ensure Resident #1 and #2 baths or showers were given as scheduled.</p> <p>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.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's face sheet dated 04/16/25 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).</p> <p>Record review of Resident #1's quarterly MDS assessment date 04/02/25 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. Resident #1 had no behaviors of rejection of care.</p> <p>Review of Resident #1's care plan dated 03/28/25 indicated she had and ADL deficit. The interventions included Resident #1 required 1 staff assist with bathing.</p> <p>Record review of the CNA flowsheet dated from 04/02/25 to 04/15/25 indicated Resident #1 bed bath was not given on Monday, Wednesday, and Friday. There was only one bath was given from 04/08/25 to 04/15/25. The bed bath was not given on 04/09/25, 04/11/25 and 04/14/25.</p> <p>During an interview on 04/14/25 at 2:00 p.m., Resident #1 said the facility staff did not give me my bed bath on Monday, Wednesday, and Friday. She said Hall 100 should have 2 aides at the least. She said my last bath was on Saturday April 12th.</p> <p>Record review of the undated bath list indicated Resident #1 was to have a bed bath on Monday, Wednesday and on Fridays.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/15/25 at 1:45 p.m., CNA A for Hall 100 said Resident #1 and Resident #3 did not get their bath or shower. She said when there was just one CNA on the hall, there was no way to get to all the baths. CNA A said she did 2 of the baths that was due. She said 4 showers were given by the ADON and therapy but that still left 2 not done.</p> <p>2. Record review of Resident #2's face sheet dated 04/16/2025 indicated she was a [AGE] year-old female admitted on [DATE]. Her diagnoses included heart disease, dementia (loss of cognitive functioning), morbid obesity (BMI (body mass index) of 40 or higher), schizophrenia (disorder that affects a person's ability to think, feel and behave clearly), and heart failure.</p> <p>Record review of Resident #2's quarterly MDS assessment date 02/06/25 indicated she was able to make herself understood, usually understood others, was cognitively intact (BIMS 14), had impairment of both sides upper and lower extremities, and she required moderate assistance for shower/bath. Resident #1 had no behaviors of rejection of care.</p> <p>Review of Resident #2's care plan dated 04/03/25 indicated she had an ADL deficit. The interventions included Resident #2 required 2 staff assist with bathing. Resident #2 was resistive to care related to dementia. If possible, negotiate a time for ADLs so that the resident participates in the decision-making process. Return at the agreed upon time. If resident resists with ADLs, reassure resident, ensure safety, leave and return 5-10 minutes later and try again.</p> <p>Record review of the CNA flowsheet dated from 04/02/25 to 04/15/25 indicated Resident #2 bed bath was not given on Tuesday, Thursday, and Saturday. Two baths were given from 04/08/25 to 04/15/25. The bed bath was not given on 04/10/25, and 04/15/25.</p> <p>During an interview on 04/16/25 at 9:30 a.m., Resident #2 said she had not been getting her bed bath as it was scheduled. She said most weeks just 2 bed baths per week.</p> <p>During an interview on 04/15/25 at 2:30 p.m., the DON said she was looking at the bath list and was trying to shift some of the bath/shower to the evening shifts or different days. She said they would like 6 CNAs on day shift however last month the day staff moved to the evening shift. She said if the resident did not get their baths, they could be unsatisfied or not clean.</p> <p>During an interview on 04/16/25 at 10:00 a.m., the Administrator said he expected the residents to receive their baths or showers as scheduled and as needed.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33460</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food that accommodated resident preferences for 1 of 17 residents (Resident #1) reviewed for food preferences.</p> <p>The facility failed to ensure Resident #1's breakfast tray included a breakfast sandwich with bacon, egg and cheese in accordance with her requests which were listed on her meal ticket, on 04/15/2025.</p> <p>This failure placed residents at risk of poor intake, possible weight loss, and diminished quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 04/16/25 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).</p> <p>Record review of the physician orders dated April 2025 indicated a regular diet with regular texture and regular consistency with a start date of 05/30/24.</p> <p>Record review of Resident #1's quarterly MDS assessment date 04/02/25 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. Resident #1 had no behaviors of rejection of care. Resident #1 required setup or clean-up assistance with eating.</p> <p>Review of Resident #1's care plan dated 03/28/25 indicated the potential risk for malnutrition initiated: 05/31/2024. The interventions included for Resident #1 was to offer diet as ordered by the physician.</p> <p>Update food preferences as needed.</p> <p>Record review of Resident #1's tray card indicated a grilled sandwich with egg, cheese and bacon.</p> <p>During an interview and observation of breakfast on 04/15/25 at 8:15 a.m., Resident #1 stated My breakfast sandwich does not have an egg and I requested grilled egg, bacon and cheese sandwich. She said when the kitchen doesn't do it right, she doesn't eat breakfast. She showed this surveyor the sandwich did not have egg and said it happened one to two times a week in the past.</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Dietary Manager on 04/15/25 at 8:30 a.m., she said they forgot the egg substitute this morning. She said the egg substitute was a premade fried/poached egg. She said unable to get real pasteurized eggs due to the bird flu however Resident #1 would accept substitute egg.</p> <p>During an interview on 04/16/25 at 9:30 a.m., the Administrator said he wanted his resident to be happy and satisfied with their food preferences.</p> <p>Record review of the undated Resident Meal Service indicated .1. Upon admission and periodically thereafter, the resident and /or family will be interviewed by dietary manager or designee to determine individual food preferences, dislikes and allergies. 2. We serve a breakfast to order rather than a predetermined planned breakfast menu.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33460</p> <p>Based on observation, interview, and record review the facility failed to store and distribute food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation.</p> <p>The facility failed to maintain clean floors in the kitchen under the hand sink area and behind the stove.</p> <p>This failure could place residents who ate the food from the kitchen at risk for food-borne illness.</p> <p>Findings include:</p> <p>During an observation on 04/15/25 at 11:45 a.m., under the hand washing sink and juice area which extended the whole length of the wall approximately 30 feet was a buildup of dust and grime. There was a buildup of dust, grime, and food particles behind the stove on the floor which extended approximately 6 inches from the base board.</p> <p>During interview with the Dietary Manager on 04/15/25 at 1:00 p.m., she said she had not been the dietary manager here for very long and was trying to get everything cleaned up however, she had not had a chance to deep clean the floors yet. She said the kitchen should not have had grime or build up to prevent contamination of the food. She said she was responsible to make sure the kitchen was clean and prepared the meals correctly.</p> <p>During an interview on 04/16/25 at 9:30 a.m., the Administrator said he wanted the kitchen to be clean.</p> <p>Record review of an undated deep clean list indicated every 2 weeks wipe walls, clean under the sinks, base boards behind coolers and freezers, and scrub floors with floor machine.</p>		