

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

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/07/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure prompt efforts were made to resolve grievances for 1 of 7 (Resident #1) residents reviewed for grievances. The facility failed to resolve and take prompt action to ensure the RP's grievance they were not notified of Resident #1's refusals was resolved and remained resolved as of 04/13/26. This failure could place residents at risk of unresolved grievances and decreased quality of life. Findings included: Record review of Resident #1's face sheet dated 05/06/26 indicated she was a [AGE] year old female, admitted on [DATE], and her diagnoses included cerebral infarction (stroke), major depressive disorder (serious mental health condition), and anxiety (intense, excessive and persistent worry and fear about everyday situations). The RP (listed ahead of emergency contact #2) and emergency contact #2 were listed under Contacts. Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated she was usually able to make herself understood and usually understood others and had moderate cognitive impairment (BIMS-11). Record review of a grievance dated 04/13/26 indicated Resident #1's RP was frustrated he was not getting notified when Resident #1 did not get out of bed. Corrective action included Resident #1 was care planned for refusals. Staff was inserviced on documentation of refusals in the clinical record. Staff would also call the RP when there was a refusal. The grievance was resolved as of 04/13/26 and the RP was notified as of 04/13/26. Record review of staff training dated 04/13/26 indicted Notify resident RP and/or Emergency Contact (named contact) of any refusal of care. For example, if she refuses to take a shower and ask for a bed bath instead or if she refuses to get up for the day. Record review of a progress note dated 04/14/26 at 7:36 p.m., completed by LVN A indicated Resident #1 refused to have her face washed. LVN A called emergency contact #2 and reported Resident #1 refused to wash her face. There was no attempt to contact the RP documented. Record review of Resident #1's care plan revised 04/19/26 indicated she was resistive to care, refused ADL care, showers, and bipap at night, and getting up out of bed. Interventions included allow resident to make decisions, educate resident of possible outcome of not complying with treatment or care, and if resident resisted with ADLS, leave and return 5-10 minutes later and try again. The interventions did not include RP notification of refusals. Record review of a progress note dated 04/14/26 at 7:36 p.m., completed by LVN A indicated Resident #1 refused to have her face washed. LVN A called emergency contact #2 and reported Resident #1 refused to wash her face. There was no attempt to contact the RP documented. Record review of Resident #1's Discharge summary dated [DATE] indicated Resident #1 was discharged to another facility on 04/17/26 and not available for interview. During an interview on 05/06/26 at 9:32 a.m., Resident #1's RP said he was not notified of Resident #1's refusals to wash her face on 04/14/26. He said he had submitted a grievance related to Resident #1's refusals on 04/13/26. He said the facility indicated they would care plan the refusal, and the staff would be trained to call him for all refusals of care. He said on 04/14/26, LVN A called the second emergency contact on Resident 1's face sheet for her refusal to wash her face. He said he was not called. He said the second person listed on the face sheet was only to be called if he was not available. He said he asked the emergency contact to find out why he (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676108
		If continuation sheet Page 1 of 2

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was not called. He said he was informed that LVN A indicated she would not call the RP first. During an interview on 05/07/26 at 9:00 a.m., the RDO said LVN A called Resident #1's emergency contact #2 on 04/14/26 for her refusal because the RP was verbally aggressive with staff and intimidating. He said normally, notifications would usually be change of condition and not refusals of care. During an interview on 05/07/26 at 11:11 a.m., LVN A said she did not call Resident #1's RP because he was not nice to staff. She said she believed she could call the second emergency contact on Resident #1's face sheet instead of the RP. During an interview on 05/07/26 at 12:50 p.m., the SW said Resident #1's RP wanted to be called 100% of the time for all of Resident #1's refusals. She said the emergency contact would be called if the RP was not available or staff were not able to reach him. During an interview on 05/07/26 at 1:00 p.m., the DON said she had updated Resident #1's care plan for refusals but did not include RP notification into the care plan. She could not say why she did not include RP notification. She said staff training dated 04/13/26 indicated staff were to notify the RP and/or emergency contact #2. She could not say why the staff training did not specify the RP was supposed to be notified first for refusals. She said the RP was upset when he was not notified, and the emergency contact #2 was notified on 04/14/26. She said Resident #1 was discharged from the facility on 04/17/26. She said the risk of not reviewing and developing care plans could result in residents not receiving proper care or services. Record review of the facility's undated Grievance policy indicated: .2. The resident has the right to and the facility must make prompt efforts by the facility to resolve the grievances the resident may have .c. As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; .		