STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676152	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seven Acres Jewish Senior Care Services	6200 North Braeswood Blvd Houston, TX 77074

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** Number of residents sampled: Number of residents cited: Based on observation, interview and record review the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort for 1 of 1 resident (Resident #80) reviewed for PASRR services. The facility failed to submit a complete and accurate request for nursing facility specialized services (NFSS) in the Long-Term Care (LTC) Online Portal within 20 business days following Resident #80's PASRR Interdisciplinary Team meeting. This failure placed residents at risk for inadequate care, and losing access to specialized mental health or intellectual disability services.Findings included:Record review of Resident #80's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: Down Syndrome (a genetic condition where a person is born with an extra chromosome), osteoarthritis (condition where the cushioning (cartilage) between the bones in a joint wears down over time, causing pain, stiffness, swelling, and difficulty moving), Alzheimer's (a progressive memory disease that affects thinking, behavior, and the ability to care for oneself), cognitive communication deficit (problems with thinking skills that affect a person's ability to communicate effectively), dementia (decline in memory and thinking that makes it difficult to manage daily life), muscle wasting and atrophy (loss of muscle size and strength).Record review of Resident #80's admission MDS dated [DATE] revealed a BIMS score of 2 indicating severe cognitive impairment and used a walker for mobility. Record review of Resident #80's Care Plan initiated 1/13/2026 and last revised 6/18/2026 revealed no focus area for PASRR positive. Record review of Resident #80's PASRR Comprehensive Service Plan Form dated 5/7/2026 revealed the updated PASRR Interdisciplinary Team meeting was held 5/7/2026. The Nursing Facility Specialized Services indicated are: A2800B Customized Manual Wheelchair A2800D Specialized Assessment Occupational Therapy A2800E Specialized Assessment Physical Therapy A2800F Specialized Assessment Speech Therapy A2800G Specialized Occupational Therapy A2800H Specialized Physical Therapy A2800I Specialized Speech TherapyRecord review of Resident #80's LTC Online Portal history revealed NFSS request submitted 5/21/2026.Interview and observation 6/25/2026 at 10:40 am with Resident #80 revealed he was with a private caregiver in the hall in his wheelchair. He smiled but didn't answer any questions.Interview 6/25/2026 at 1:35pm, State PASSR Specialist stated that after the facility has an initial PASRR Interdisciplinary Team meeting and services are agreed upon to request, the facility has 20 days from the date of the meeting to submit the request in the LTC portal for PASRR services. The facility held the PASRR Interdisciplinary Team meeting on 3/26/2026. The state PASSR Program Specialist stated the facility had not submitted the NFSS request within the 20 days of Resident #80's PASRR Interdisciplinary Team meeting. She said an email was sent to the DON and Administrator (ADM) requesting the information be uploaded. The (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NFSS request still hasn't been uploaded which placed the facility in non-compliance.Record review of email dated 5/18/2026 at 2:52pm from State Agency PASSR services to ADM and DON revealed the facility was not in compliance with submitting nursing facility specialized service request to the LTC portal within 20 days of the PASSR Interdisciplinary Team meeting. The email requested the information be uploaded within 3 -5 days upon receiving the email. Further review of the email chain showed on 5/29/2026 at 1:55 PM the DON replied, Facility did an update Interdisciplinary Team meeting on May 7th, because the wheelchair evaluation deadline has passed. The chair evaluation has been done, waiting for the order form and wheelchair vendor letters to be approved and to input documents into the portal. The email chain showed a response from PASRR Quality Monitoring on 5/26/2026 at 1:46 pm requesting that the NFSS requests be submitted as soon as possible. Interview 6/25/2026 at 3:45 pm, DON stated she does the PASRR. The only PASRR resident at the facility is Resident #80. The first PASRR Interdisciplinary Team (IDT) meeting was held 3/26/2026. She said another PASRR Interdisciplinary Team meeting was held because it was past the 20 business days due date to submit NFSS. She said she didn't know about the 20 days before, but now she knew they only have 20 days after the PASRR Interdisciplinary Team meeting to submit. Record Review of facility's PASSR policy reviewed 6/2026 revealed in part, .Submit NFSS requests for authorization into the LTC Online Portal within 20 business days after the Interdisciplinary Team meeting or a specialized service review meeting.