

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER St Dominic Village Rehabilitation and Nursing Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 2409 E Holcolm Blvd Houston, TX 77021	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents were free from misappropriation (Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.) for 1 of 5 residents (Resident #1) reviewed for misappropriation. The facility failed to protect Resident #1 from being exploited when LVN A deliberately used \$800 from the resident's money without the resident's consent. This failure may cause residents to be left without sufficient funds to pay for their own care necessities, psychological distress, paranoia, and feelings of guilt and shame that could prevent them from reporting abuse, neglect, or exploitation. Findings include: Record Review of Resident #1's Face Sheet, dated 04/30/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses which included diabetic retinopathy with macular edema in left eye (an eye condition where high blood sugar damages blood vessels in the retina), lack of coordination, muscle weakness, post-traumatic stress disorder (a mental health condition triggered by experiencing or witnessing a terrifying, life-threatening, or traumatic event), and complete traumatic amputation (surgical removal) at level between knee and ankle left lower leg. Record review of Resident #1's Quarterly MDS (a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status, used in nursing homes), dated 03/29/2026, reflected a BIMS score (a standardized, mandatory 0-15 point cognitive assessment tool used in long-term care settings to measure mental acuity in residents) of 15 indicating the resident was cognitively intact. During an interview on 04/30/2026 at 1:05 p.m., Resident #1 stated he trusted LVN A and provided her with his debit card and his PIN number to buy him food. Resident #1 stated he received a call from his bank when a payment was declined for \$300. He stated the bank employee advised him there were some small amounts of money taken from his account in small increments for a total \$800 that he never authorized to come out of his account. He stated that he knew of only his son and LVN A having access to his card. So, he stated he informed Navy Credit to stop the card and send him another card. He stated he had a talk with his son and LVN A about the money missing from his account. He stated LVN A admitted to using some of his money but also agreed to pay him back. He stated LVN A made installments for all the money she owed from her pay checks. He stated he did not report the incident to the facility because he decided not to. He stated that was the first on only time such incident happened to him During an interview on 04/30/2026 at 2:14 p.m., Resident #1's Banker stated the bank call center provided the banker with a report on 05/16/2025 for Resident #1's credit card of declined transactions of \$300, \$100, \$50 and \$200. The banker stated Resident #1 told him he did not authorize any of those transactions. During an interview on 04/30/2026 at 2:27 p.m., LVN A stated she was a former wound care nurse for the facility. She stated Resident #1 gave her his bank card to purchase items. She stated she was not a designated staff at the facility to purchase items for residents. She stated she helped Resident #1 out with items he wanted. She denies using the resident's card or his money without his knowledge. During an interview on 04/30/2026 at 2:48 p.m., the Activities Director, who worked at the facility for 42 years, stated if residents let her know they needed items purchased, she picked up items for them. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 676170	If continuation sheet Page 1 of 2

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>She stated residents also asked their family members to purchase items for them as well. She stated she was unaware of any facility staff purchasing items for residents; including Resident #1. She stated no staff were allowed to purchase items for residents except her. She stated if the facility staff, who were not designated to purchase items for the residents, took residents' money or bank cards to buy items, residents' money could be misused. During an interview on 04/30/2026 at 3:02 p.m., the Administrator stated residents who could not purchase personal items, could ask the Activities Director to purchase items for them. He stated residents who had debit or credit cards in their possession always were cognitively intact and could make their own decisions for purchases. The Administrator stated he always insisted residents put money or cards in a safe inside the Administrator's office or trust funds. He stated he could not make them adhere to that if they chose not to. He stated he was unaware of facility staff purchasing items for residents; including Resident #1. The Administrator stated he was unaware Resident #1 had a credit card in his possession, otherwise, he would have offered to keep it in the safe. He stated he expected LVN A to direct Resident #1 to the Activities Director when the resident needed items purchased and let the Administrator know as well so he could keep track of those purchases and offer to keep resident #1's card in a safe. He stated he instructed the facility staff in the past not to take money or cards from residents. He stated if staff, who were not designated to purchase items to residents, took residents money or cards it could lead to misappropriation of money or allegations of how money was spent. Record review of the Abuse and Neglect Prohibition Policy and Procedure dated April 2025, reflected .Policy: Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion, injuries of unknown origin, and misappropriation of property. Definitions: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. This is stealing from the resident. Record review of the Residents Rights, Residents funds Policy dated August 2025, reflected .Policy Statement: 1. Right to Self-Management: Residents may manage their own finances; the facility cannot force usage of its management services.2. Voluntary Participation: With authorization, the facility will hold resident funds either in a safe or in a trust fund.III. Responsible Staff: Only designated staff must assist in the management of resident funds.</p>		