STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676187	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage House of Marshall Health & Rehabilitation	5915 Elysian Fields Road Marshall, TX 75672

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure the resident's right to dignity and respect by regarding financial matters by not providing necessary assistance with a Medicaid application for 2 (Resident #11 and Resident #22) of 4 residents resulting in delayed eligibility and a coverage gap.The facility failed to ensure the residents were treated with dignity and respect regarding financial matters by not providing necessary assistance with a Medicaid application, resulting in delayed eligibility and a coverage gap for Resident #11 and Resident #22.These failures compromised the resident's right of personal dignity and self-determination. The findings included: Record review of an undated facesheet revealed Resident #11 was a [AGE] year-old male admitted to the facility on [DATE] with the diagnoses of major depressive disorder (a serious mental health condition characterized by persistent, severe sadness, low mood, or loss of interest in activities lasting at least two weeks), bipolar disorder (a chronic mental health condition characterized by intense, fluctuating mood shifts, ranging from high-energy manic or hypomanic episodes to deep depressive lows), and kidney failure (occurs when kidneys lose their ability to filter waste from the blood, usually occurring when function drops below 15%).Record review of a quarterly MDS dated [DATE] revealed Resident #11 had a BIMS of 15, which indicated no cognitive impairment. Resident #11 required partial assistance (helper does less than half the work) with ADLs such as dressing, transfer, and toileting. Record review of a MESAV dated 04/22/2026 revealed Resident #11 had a gap in Medicaid coverage from 07/18/2025 through 07/28/2025. During an interview on 04/22/2026 at 9:00 a.m., Resident #11 stated he was unaware of what transpired during the filing of his Medicaid application. He stated his family took care of all his financial dealings. Attempted calls to Resident #11's family attempted on 04/22/2026 at 9:30 a.m. and 04/23/2026 at 11:00 a.m., with messages left and no return call. During an interview on 04/22/2026 at 10:00 a.m., the Corporate Business Office Manager (BOM) stated the previous BOM (BOM A) failed to file the original Medicaid application for long-term care Medicaid for Resident #11 within the 30-day window for approval to cover the resident's entire stay. She stated this meant Resident #11 qualified for long-term care Medicaid to begin on the day he admitted to the facility, but because of the untimely filing of the application there was a period of about 20 days Resident #11 did not have Medicaid coverage. She also stated it was the facility's policy to assist the resident and resident's family by guiding them through the process of filing out the application and gathering supportive documentation required by Medicaid to prove eligibility. She stated BOM A failed to provide guidance to the resident and his family. The Corporate Business Office Manager stated it was the policy of the facility to attempt to collect reimbursement for the gap in coverage by billing the resident and/or the family. She stated this was done for Resident #11 and the uncollected balance was sent to collections and then written off per company protocol. She stated no services were denied to Resident #11 because of the gap in Medicaid coverage. 2. Record review of an undated facesheet revealed Resident #22 was an [AGE] year-old female admitted to the facility on [DATE] with the diagnoses of dementia (a general term for a progressive decline in mental ability-including memory loss, confusion, and behavioral changes-severe enough to interfere with daily life, caused by (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

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physical brain changes), insomnia (a common sleep disorder characterized by difficulty falling asleep, staying asleep, or waking too early, often resulting in daytime fatigue, mood changes, and poor concentration), and kidney disease (occurs when kidneys are damaged, preventing them from filtering waste and excess water from the blood, often caused by diabetes or high blood pressure). Record review of a quarterly MDS dated [DATE] revealed Resident #22 had a BIMS of 14, which indicated no cognitive impairment. Resident #22 required partial assistance (helper does less than half the work) with ADLs such as dressing, bed mobility, and toileting. Record review of a MESAV dated 04/22/2026 revealed Resident #22 had a gap in Medicaid coverage from 02/18/2025 through 03/10/2025. During an interview on 04/22/2026 at 10:38 a.m., Resident #22 stated she was aware that she received a bill for the first 3 weeks she was in the facility because BOM A had not filed her application by the deadline. She stated she and her family provided all the information needed within the first couple of weeks. She stated she was not required to pay anything on the bill and the facility wrote the expense off, but it was a little humiliating to get notice I was being kicked out, when it was not my fault. Resident #22 stated she had not missed any care because of the gap in Medicaid coverage. During an interview on 04/22/2026 at 11:00 a.m., the Corporate Business Office Manager (BOM) stated the previous BOM failed to file the original Medicaid application for long-term care Medicaid for Resident #22 within the 30-day window for approval to cover the resident's entire stay. She stated this meant Resident #22 qualified for long-term care Medicaid to begin on the day she admitted to the facility, but because of the untimely filing of the application there was a period of about 20 days Resident #22 did not have Medicaid coverage. She stated the facility followed their protocol for Resident #22 and attempted to collect reimbursement for the gap in coverage. She stated the uncollected balance for Resident #22 was sent to collections and then written off per company protocol. She stated no services were denied to Resident #22 because of the gap in Medicaid coverage. Attempted call to BOM A on 04/23/2026 at 12:10 p.m., message left and no return call. During an interview on 04/23/2026 at 1:00 p.m., the DON stated she was not aware at the time that BOM A was not assisting and filing the Medicaid applications for all residents. She stated the Administrator was the person in the facility over financial issues. She stated she had not witnessed or been reported any change in the emotional state of Resident #11 and Resident #22 related to their Medicaid status. The DON stated staff assistance in all aspects of the resident's life was a basic right of the resident and should be promoted. During an interview on 04/22/2026 at 2:00 p.m., the Administrator stated she was not at the facility during the time period that BOM A was employed, but she was made aware of the issues that she had faced and how it had affected the residents. She stated it was her expectation for the BOM to assist the residents in any way that was ethical to gain any benefits they are entitled to. She stated it was a basic right of the residents to have assistance by the facility that promoted or enhanced their lives. Review of a facility policy titled Resident Rights dated 2021 indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. When assisting with care, residents are supported in exercising their rights.