

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Bayou Pines Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4905 Fleming Street LA Marque, TX 77568	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</p> <p>Based on observations, interviews, and record review the facility failed to conduct initial and periodical and comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity for 3 (Residents #19, #85 and, #87) of 18 residents reviewed for accuracy of resident assessments.</p> <p>Residents #19, #87, and #85 were not assessed accurately on their annual comprehensive MDS assessments.</p> <p>These failures could place residents at risk of not receiving the care needed to maintain their highest, practicable, physical, social, and psychosocial level of well-being.</p> <p>Findings included:</p> <p>Resident #19</p> <p>Record review of Resident #19's face sheet dated 07/31/24, revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included heart failure, hypertension (high blood pressure), Kidney diseases, Chronic Obstructive pulmonary diseases (inflammation and swelling cause the airways to become narrowed or blocked, making it harder to expel air from the lungs), bipolar disorder (A serious mental illness characterized by extreme mood swings).</p> <p>Record review of Resident #19's annual comprehensive MDS assessment dated [DATE] indicated Resident #19 had a BIMS score of 15 meaning she was cognitively intact. Record review of section L for Oral\Dental status revealed she was checked as having no problem on her oral cavity.</p> <p>Record review of Resident #19's clinical record revealed the resident was seen by the dentist on 06/27/24 and was identified as edentulous (a person who is completely toothless). Record review indicated loose upper and lower dentures. Condition of dentures worn and broken.</p> <p>Observation and interview on 07/29/24 at 1:00PM, revealed Resident #19 was in her wheelchair. She was alert and oriented. During an interview she said she had no natural teeth in her mouth. She said she had full dentures in her upper and lower cavity. She said her upper dentures were about 7 months old and her lower dentures were loose and did not fit very well but seeing the dentist for fitting and adjustment. She said she could not leave them on for a long time because they hurt.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #85</p> <p>Record review of Resident #85's face sheet dated 07/30/24, revealed an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnoses included heart failure, Chronic obstructive pulmonary diseases (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), respiratory failure, dementia (general decline in cognitive abilities that affects a person's ability to perform everyday activities), anxiety, muscle spasm, and vascular diseases (a condition that affects the blood vessels and circulation).</p> <p>Record review of Resident #85's annual comprehensive MDS assessment dated ,d+[DATE]/ 2024 indicated she had a BIMs score of 10 which indicated she was moderately impaired for cognition. Record review of section L for Oral\Dental status revealed she was checked as having no problem on her oral cavity.</p> <p>Observation on 07/29/24 at 12:45 pm, revealed she was in the dining room having her lunch which was mechanical altered regular diet. Corn on the cob was served with her lunch. Observation revealed she did not eat her corn on the cob. Observation revealed she had no teeth in her oral cavity.</p> <p>Resident #87</p> <p>Record review of Resident #87's face sheet dated 07/30/24, revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included heart failure, Fracture of left Femur, Pain on her right hip, repeated falls, generalized osteo arthritis (general degenerative joint disease), Essential hypertension, Alzheimer's diseases (disease involves parts of the brain that control thought, memory, and language) and dementia.</p> <p>Record review of Resident #87's annual comprehensive MDS assessment dated ,d+[DATE]/ 2024 indicated she had a BIMs score of 11 which indicated she was moderately impaired for cognition. Record review of section L for Oral\Dental status revealed she was checked as having no problem on her oral cavity.</p> <p>Observation on 07/29/24 at 12:45 pm, revealed Resident # 87 was in the dining room having her lunch which was a mechanical altered regular diet. Corn on the cob was served with her lunch. Observation revealed she did not eat her corn on the cob. Observation revealed she had no teeth in her oral cavity.</p> <p>During observation and interview on 07/30/24 at 8:30AM, revealed Resident #87 was in the dining room alert and oriented, she ate 90 % of served meal.</p> <p>Observation on 07/30/2024 at 12:30 PM, revealed Resident #87 was in the dining room for lunch, her meal was had regular texturized diet (a texture-modified diet, involves altering the texture of foods to make them easier and safer to eat & swallow),</p> <p>During an interview on 07/30/2024 at 1:50PM, Resident #87 said she had her dentures in her room in a cup. She said she did not wear them because they hurt her when she wore them. She said no one asked her and she did not tell anyone.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with MDS A on 07/31/24 at 10:00AM, she said she would look at each identified resident. She acknowledged that Residents #19, 85, 58, had no natural teeth and had full dentures. She said she was responsible for ensuring that all assessments accurately reflected a resident's condition. She said the identified residents MDSs were done by a staff member that no longer worked at the facility. She said she would do an audit and correct all MDSs that needed corrections and re-submit them as an addendum. She said an inaccurate assessment may result in delay in providing needed services to maintain a healthy life.</p> <p>In an interview with the facility Administrator on 07/31/24 at 4:00PM, He said an accurate assessment was necessary to provide needed services timely as needed.</p> <p>Record review of facility's policy on MDS assessment dated 2001 updated 2010, titled Policy statement, Policy Interpretation and implementation read in part, .3 The purpose of assessment is to describe the resident's capacity to perform daily life functions and to identify significant impairment in functional ability .</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39977</p> <p>Based on interview and record review the facility failed to refer 1 of 5 residents (Resident #34), reviewed for PASRR screening and evaluations, with a newly evident mental disorder or a related condition for a level II PASRR review, in that:</p> <p>Resident #34 was not referred to the state-designated authority for a PASRR evaluation upon evidence of new treatments for her diagnosis of bipolar disorder, unspecified dated 9/21/2017.</p> <p>This failure placed residents at risk of not receiving adequate services or care related to mental illnesses.</p> <p>Findings included:</p> <p>Record review of Resident #34's admission record, dated 07/31/2024, revealed a [AGE] year-old female, who originally admitted into the facility on [DATE] and readmitted to the facility on [DATE], with the following diagnoses: multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves causing many different systems that can be severe and chronic or on-going), anxiety disorder (a mental health disorder characterized by excessive feelings of worry, fear, dread and or uneasiness), post-traumatic stress disorder (PTSD) (an anxiety disorder that can develop after a person experiences or witnesses a traumatic event), major depressive disorder (a mental health disorder characterized by a persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and bipolar disorder (a mental health condition that causes extreme mood swings that include emotional highs or mania, and emotional lows, depressed mood).</p> <p>Record review of Resident #34's Annual MDS Assessment, dated 12/19/2023, revealed Resident #34 had a BIMS score of 15 out of 15, indicating the resident's cognition was not impaired. Continued record review of the same MDS revealed in Section I -Active Diagnoses, that Resident #34 was coded as having an active diagnosis of anxiety disorder, depression (other than bipolar), bipolar disorder and post-traumatic stress disorder (PTSD) (an anxiety disorder that can develop after a person experiences or witnesses a traumatic event). Section N - Medications of the same MDS, revealed Resident #34 was coded as having received an antidepressant medication.</p> <p>Record review of Resident #34's Quarterly MDS Assessment, dated 06/20/2024, revealed Resident #34 had a BIMS score of 15 out of 15, indicating the resident's cognition was not impaired. Continued record review of the same MDS revealed in Section I -Active Diagnoses, that Resident #34 was coded as having an active diagnosis of anxiety disorder, depression (other than bipolar), bipolar disorder and post-traumatic stress disorder (PTSD) (an anxiety disorder that can develop after a person experiences or witnesses a traumatic event). Section N - Medications of the same MDS, revealed Resident #34 was coded as having received an antipsychotic and an antidepressant medication and that the antipsychotic medication had been received on a routine basis.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #34's PASRR level 1 screening, dated 09/19/2017, revealed Resident #34 was coded No in Section C- CO100 for Mental Illness for the question, Is there evidence or an indicator this is an individual that has a Mental Illness? Continued record review revealed there was no PASRR level 1 evaluation or Form 1012 , Mental Illness/Dementia Resident Review , dated since Resident #34's readmission to the facility on [DATE].</p> <p>Interview with MDS A on 07/31/2024 at 11:14 AM revealed Resident #34 had a PASRR level 1 upon her admission to the facility in 2015 or 2017 and had been coded as not having a mental illness, by an unknown previous MDS nurse at that time. MDS A said they had not worked at the facility in 2015 or 2017 when Resident #34 admitted . MDS A said that Resident #34's readmission to the facility on [DATE] did not require a new PASRR level 1 evaluation because Resident #34 had not been hospitalized for 30 days or more. MDS A said that Resident #34 was currently being treated for her active diagnosis of bipolar disorder and was regularly seen by Psychiatric Services Company A and received antipsychotic and antidepressant medications. MDS A said they did not know why Resident #34 had a diagnosis of PTSD and would have to check. MDS A said that they did not know why they had not submitted Form 1012-Mental Illness/Dementia Resident Review or an updated PASRR Level 1 to reflect Resident #34's mental illness. MDS A said that they would update the PASRR form and provide copy of new submission form. MDS A said that if a resident did not have a correct PASRR assessment, it could prevent the resident from receiving appropriate and or necessary services. MDS A said that the DON was their direct supervisor and oversight for their department.</p> <p>Record review of updated transmission form provided by MDS A on 07/31/2024 at 4:12 PM revealed MDS A submitted the following: PL1 .Effective 7/31/2024 .[for Resident #34] .with a Status Date of 7/31/2024 and a Status . Awaiting PE.</p> <p>Interview with DON on 7/31/24 at 4:38 PM revealed MDS A and MDS B were responsible for care plans and PASRR. The DON said she was not really familiar with PASRR and how, what or when forms had to be submitted. The DON said that there was no specific Corporate MDS oversight or supervisor.</p> <p>Record review of the facility's policy titled; PASRR Admission Assessment Coordination dated Reviewed: 4/2024 revealed in part, . Requirements for the new rule effective July 7, 2015, are located in the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 19, Subchapter BB, Nursing Facility Responsibilities for Preadmission Screening and Resident Review. It complies with Centers for Medicare & Medicaid Services requirements in the Code of Federal Regulations (CFR), Title 42 Chapter IV, Subchapter G, Part 483 (F285), Subpart C, Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals . Facility staff will coordinate with referring entities to ensure that any individual seeking admission to a Medicaid-certified facility receives a PASRR Level 1 screening for an intellectual disability (ID), developmental disability (DD) or mental illness (MI) before or upon admission .If the PASRR LEVEL 1 screening indicates the individual may have an ID, DD or MI, staff will .coordinate with the local mental health authority (LMHA) to ensure the individual receives a PASRR Level II evaluation.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26244</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a comprehensive care plan that included measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs that were identified in the comprehensive assessment for 1 of 19 residents reviewed for care plans (Resident #138), in that:</p> <p>Facility failed to have Resident #138's care plan for PTSD, with goals and interventions to address cognitive behavioral therapy.</p> <p>This failure placed residents at risk of not having accurate care plans to address psychological care.</p> <p>Findings include:</p> <p>Resident #138</p> <p>Record review of Resident #138's clinical chart revealed admitted [DATE] with diagnoses including heart disease with congestive heart failure (reduction in ability of heart to pump blood), Diabetes (the body does not produce enough insulin, PTSD (mental health condition triggered by a traumatic event), Osteoarthritis (breakdown of joint tissues over time).</p> <p>Record review of Resident #138's MDS dated [DATE] revealed a BIMS score of 14, indicating no impairment of cognitive skills, ability to understand and be understood, assistance required for ADLs, and active diagnosis of PTSD.</p> <p>Record review of the physician's orders dated for July 2024 revealed Goal: manage PTSD symptoms to improve quality of life and maximize functioning; Plan: continue Citalopram 40 mg (to treat depression), Buspirone 15 mg (to treat anxiety disorders), Clonazepam 1mg (to treat panic disorders and anxiety), establish care with psychology for cognitive behavioral therapy.</p> <p>Record review of the undated care plan for Resident #138 revealed no care plan for PTSD, with goals or interventions for cognitive behavioral therapy.</p> <p>Observation of Resident #138 on 7/29/24 at 9:10am revealed she was in her room, dressed, standing by her bed with her walker, talking to her roommate. She said she was doing well here and has meetings with the therapist every week which helps her feel better.</p> <p>Record review of Resident #138's therapy provider Diagnostic assessment dated [DATE] revealed cognitive behavioral therapy sessions to be conducted 4 times a month for 4 months, for making and implementing a treatment plan to address coping strategies for anxiety, depression and nervousness/worried mood, and monitoring depression severity.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #138's therapy provider progress notes dated 7/15/24, revealed continued cognitive behavioral therapy sessions with emphasis on the treatment plan developed during the diagnostic assessment, including supportive interventions, discussion of coping skills related to adjustment to placement, participation in activities and therapy, and reinforced adaptive cognitive behaviors related to previous threats by family member.</p> <p>Record review of Resident #138's therapy provider progress note dated 7/25/24 revealed supportive interventions related to patient's concerns about anxiety, explored triggers and coping strategies including distraction, deep breathing, and exercise, and discussed adjustment to placement, positive relationships issues, participation in activities, and reinforced cognitive and behavioral techniques.</p> <p>Record review of Resident #138's therapy provider progress note dated 7/29/24 revealed supportive interventions related to care and facility issues, discussion of changes in medication and positive response to it, reviewed handling of different experiences and coping strategies, and reinforced adaptive cognitive and behavioral techniques.</p> <p>Record review of PASRR denial letter dated 7/2/24 revealed Resident #138 was not eligible for specialized services because of not having a qualified diagnosis of mental illness, intellectual disability, or developmental disability.</p> <p>In an interview with MDS A on 7/31/24 at 3:00 pm revealed Resident #138's care plan had not been updated for PTSD and cognitive behavioral therapy. She said she referred Resident #138 for PASRR Specialized Services due to the diagnosis of PTSD, but the facility received a PASRR denial letter on 7/2/24. She said all the staff had input into the care plans, and she documented the final care plan, and if the care plan was not accurate, it could affect the care of the resident.</p> <p>In an interview with the DON on 7/31/24 at 3:50 pm revealed the care plans needed to be accurate for the resident and if the care plan was not accurate, the resident would not get proper care.</p> <p>Record review of the facility policy Goals and Objectives, Care Plans, revised April 2011, revealed, in part: . care plans shall incorporate goals and objectives that lead to resident's highest obtainable level of independence .goals and objectives are on the care plan, so all disciplines have access .</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48315</p> <p>Based on observation and record review, the facility failed to ensure a resident who displayed or diagnosis with a mental disorder or psychosocial adjustment difficulty received appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being for 1 of 5 residents (Resident #42) reviewed for psychosocial concerns, in that:</p> <p>The facility failed to ensure Resident #42 received individualized behavioral health services addressed through a person-centered care plan.</p> <p>The facility failed to ensure that Resident #42 diagnosis of Anxiety was addressed and followed up on per care plan.</p> <p>The facility failed to update Resident #42s care plan to reflect psychological services declined by the responsible party.</p> <p>These failures could put residents at risk for not receiving behavioral health services and a decline in quality of life.</p> <p>The findings were:</p> <p>Record review of Resident #42's admission face sheet dated 1/26/2017 indicated she was a [AGE] year-old female. Resident #42 was admitted with a diagnosis of Anxiety.</p> <p>record review Resident #42 Minimum Data Sheet (MDS) assessment dated [DATE] revealed Resident #42 had a BIMS 99 score along with diagnosis of severe impaired cognition, exhibited screaming out and aggressive behaviors towards other residents.</p> <p>Record review of Resident #42 comprehensive care plan last revised on dated 9/02/2018 for psychological consult as ordered by physician.</p> <p>Record review of Resident #42 revealed no physician order for psychological services was initiated by the physician or call into physician for order on behalf of resident #42</p> <p>Record review of Resident #42 revealed no progress note regarding any notifications or coordination of psychiatric services.</p> <p>Record review of Resident #42 physician progress notes revealed no documentation of any referral to psychiatric services. There was no documentation of any physician or nurse practitioner notification for psychiatric related services.</p> <p>Interview the Director of Nursing stated she could not explain why the order was not carried out or followed up on.</p> <p>(continued on next page)</p>

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview MDS A stated she was aware of the care plan addressing Resident #42 goals and interventions was to be seen by psychological consult but did not know why she was not seen or followed up on.</p> <p>Record review of facility policy titled, Goals and Objectives, Care Plans, dated, April 2011, reflected in part, . Goals and objectives are reviewed and/or revised .at least quarterly .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>The facility failed to ensure all expired food products and dented cans were not stored in the kitchen's dry goods shelves and removed from the kitchen.</p> <p>This failure placed residents at risk of foodborne illness.</p> <p>Findings included:</p> <p>Kitchen observation on [DATE] at 11:00 AM revealed 7 one-quart cartons of Med Plus with a manufactural date of use by [DATE]. Further observation revealed one dented 16oz can of tomato soup. The Dietary Manager removed the expired Med Plus products and the dented soup can off the dry goods shelf.</p> <p>During an interview with the Dietary Manager on [DATE] at 11:15AM, she said the Med plus was supplied as a substitute for food items, but the Med plus was not used. She said the kitchen would not use any food products from dented cans due to food poisoning. She did not answer any questions on using expired food products.</p> <p>In an interview with the facility Administrator on [DATE] at 11:00Am, he said dented cans and expired food products should not be in the kitchen.</p> <p>Record review of provided facility's policy on [DATE] dated 2005, titled Food Service Problem did not address expired food products and dented food cans in the kitchen.</p>