

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER The Meridian		STREET ADDRESS, CITY, STATE, ZIP CODE 2228 Seawall Blvd Galveston, TX 77550	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</p> <p>Based on interviews and record review, the facility failed to establish and follow written policy on permitting residents to return to the facility after they were hospitalized for one (CR #1) of one resident reviewed for transfer/discharge.</p> <p>The facility failed to readmit CR#1 to the facility after she was sent to the hospital on 11/29/24.</p> <p>This deficient practice could place residents at risk of being discharged and not allowed to return to the facility, causing a disruption in their care and services and potential decline in health.</p> <p>Findings included:</p> <p>Record review of CR # 1 face sheet dated 10/30/23 revealed an 81-year -old female admitted to the facility on [DATE]. Her diagnoses included anemia (low red blood count), hypothyroidism (a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormones), heart disease, and lower back pain.</p> <p>Record review of CR#1's close MDS record indicated she was discharged from the facility on 11/29/24 coded as return not anticipated.</p> <p>Record review of CR #1's nurse's note dated 11/29/2023 15:48 read in part: Resident was brought to nurse's station by PTA staff. Large edematous hematoma to RLE. Measures 8.3 cm x 4.6 cm. Staff explained res hit her leg-on-leg rest during transfer to wheelchair. RLE elevated and ice pack applied to site. Res did complain of pain 8 out of 10- and one-time order for Tylenol #4 obtained and administered. Responsible party notified via voicemail of incident. Will continue to monitor for changes. Record review of emergency transfer note indicated CR #1 was sent to the hospital due to uncontrolled pain.</p> <p>During an interview with the Resident's responsible party on 10/30/24 at 3:30pm, she said CR #1 was admitted to the facility around November of 2023. She said CR #1 was injured at the facility and was sent to the hospital due to severe pain. RP said the facility refused to accept CR #1 back after completing her treatment at the hospital. She said CR #1 had to be transferred out of town because the facility refused to take CR # 1 back because CR #1 had an infection.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER The Meridian		STREET ADDRESS, CITY, STATE, ZIP CODE 2228 Seawall Blvd Galveston, TX 77550	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the facility's DON on 10/30/24 at 4:00pm, she said CR #1 was not accepted back to the facility due to Resident #1's communicable disease of Candida-Auris (a fungus infection acquired by patient with low immune system). The DON said the facility could not care for CR #1 due to the infection and for the protection of other residents at the facility. No answer was provided on placing CR #1 on isolation precautions. The DON said the decision was from the corporate office.</p> <p>In an interview with the Corporate Clinical Staff on 10/30/24 at 4:10PM, she said she does not recall CR #1. She said Candida Auris would be a condition that the facility would not accept due to the facility's population. She said candida auris can easily spread. No answer was provided on how the action of the facility might have affected the resident.</p> <p>During an interview with the facility's Administrator on 10/31/24 at 4:00pm, he said he was not at the facility at that time, but the facility had to protect other residents at the facility. He said normally the facility would evaluate the resident and assist the resident in locating a facility that could take care of the resident.</p> <p>Record review of facility's policy's policy dated 2001 revised 2022 titled Transfer or Discharge, Facility-Initiated read in part Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy .</p>		