| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676313 | A. Building<br>B. Wing | 06/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Laredo Nursing and Rehabilitation Center | 1701 Tournament Trail Dr<br>Laredo, TX 78041 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to Incorporate the recommendations from the PASARR Level II determination for 1(Resident #1) out of 4 residents reviewed for services received from the PASARR II recommendations. The facility failed to initiate an NFSS within the 20 business days following the date the services were agreed on in the IDT meeting on 12/19/25 for Resident #1. This failure could cause residents with mental health disorders and psychiatric conditions to have a delay in services or not receive specialized services or equipment that may be needed. The findings included: Record review of Resident#1 face sheet revealed an [AGE] year-old female initially admitted on [DATE], and readmitted on [DATE] with diagnosis of Down Syndrome( a genetic condition caused by an extra full or partial copy of chromosome 21 the extra genetic material alters typical development, causing distinct physical traits, variable degrees of intellectual and developmental delays, and a higher likelihood of specific medical conditions), Muscle Wasting (the thinning or loss of muscle mass), and Myasthenia Gravis is an autoimmune disorder that disrupts nerve-to-muscle communication. Its hallmark is muscle weakness that worsens with activity and improves with rest). Record review of Resident 1#'s Care Plan dated initiated on 05/25/2026 revealed resident is considered PASARR positive and Intellectual disability or development disorder. Interventions included coordinating my plan of care with my Service Coordinator as indicated. Coordinate services and plan of care with the local mental and behavioral health authorities. Provide service coordination with my designated LIDDA. Report any need to re-evaluate specialized services and/or plan of care to service coordinator as well as resident representative or responsible party as indicated. Additional review of the care plan revealed I have a Self-Care deficit related to Downs syndrome; Myasthenia Gravis; Dementia; muscle wasting and atrophy Record review of Resident 1#'s MDS Quarterly dated 05/18/2026 and revealed Resident#1 cognitive skills for daily decision making was severely impaired. The MDS also revealed Resident one was dependent on staff for all ADL Functional abilities for Resident #1 were dependent on helper does not of the effort to complete the activity. Resident #1 walking assessment revealed it was not attempted due to medical condition or safety concerns. The MDS did not have a BIMS score and walking 10 feet was not attempted due to medical conditions. The MDS revealed Resident #1 used a manual wheelchair and was dependent on helper doing all the effort to maneuver wheelchair. No BIMS was available on the MDS. Record review of Resident #1 's progress notes dated 01/13/2026 to 02/13/26 revealed on 01/30/26 in review of Resident #1 Functional Ability it stated Requires assistance with wheelchair mobility for safety. Skilled therapy remains necessary for cueing, strengthening, and improving propulsion techniques to enhance independence and prevent functional decline. Record review of the IDT meeting on dated 12/18/2025 revealed Resident #1 was approved for a customized wheelchair In an interview on 06/16/2026 at 2:49 PM with the claimant stated the facility was contacted by staff in the HHSC PASARR Unit. The Claimant stated the facility was informed of its responsibility of the NFSS PASRR specialized services that were recommended at the IDT meeting on 12/18/2025, but were not initiated within 20 business days following the date the services were agreed to in the IDT meeting, (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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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | the resident would not receive a PASARR specialized service. The claimant stated the facility was given a specific timeframe to submit the NFSS requests to avoid a regulatory complaint. The claimant stated the facility did not meet this timeframe. According to the claimant, the last request for the wheelchair was resubmitted on 04/23/2026 and was denied and did not provide a follow up submission necessary for approval. In an interview on 06/16/26 at 5:53 PM with the MDS Nurse she stated she was responsible for making sure the PASARR form was filled out correctly and made sure referrals were sent to the correct stated designated authority. The MDS Nurse stated the reason Resident #1 had not gotten services was because on 12/18/25/ the wheelchair was not ordered after the IDT meeting. The MDS Nurse stated it was not until 1/25/26 that she discovered the chair had been approved and had not been ordered for Resident #1. The MDS Nurse stated she the custom wheelchair takes a while and let the party responsible know of the why the chair takes long to receive once the custom wheelchair is ordered. The MDS Nurse stated there was not a person assigned as a back up to her to ensure all PASARR II specialized services were completed and implemented. In an interview on 06/16/2026 at 6:18 PM with the DON he stated he works with the MDS Nurse and at times signed the MDS plans and care plan processes. The DON stated the initial PASARR is completed by the transfer facility and if there is a change in condition with the resident another PASSAR is completed if it was negative before. The DON stated for a significant change in condition with the resident a new PASARR was submitted with a positive finding for ID or MD. The DON stated at admission the MDS Nurse is responsible for making any referrals to the LIDDA. The DON stated MDA Nurse in conjunction with him both make a determination if a resident had an evident or possible MD, ID or related condition for a referral to be sent to the LIDDA. The DON stated the process for referring any new ID or MD identified the appropriate state-designed authority was contacted and sent to the correct entity so services can begin for the resident. The DON stated if a resident does not receive the appropriate service in time or none at all the reason could have been an appropriate screening was not done, but if this occurred, he would immediately advise the physician to make a referral to the LIDDA and a complete PASSAR. In record review of the Comprehensive Assessment policy and procedure dated January 2024 it stated:The PASARR screen lists the specialized services that are required and identifies the services that the state is responsible for providing. The community is responsible for providing the other services needed. The community does not admit new residents with mental illness (MI) or mental retardation (MR) unless approved by the appropriate state mental health or mental retardation agency. |