STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676436	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive Rehabilitation of Pearland	3406 Business Center Drive Pearland, TX 77584

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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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45581 Based on interviews and record review, the facility failed to develop and complete a baseline care within 48 hours of a resident's admission for 3 of 25 residents (Resident #18, Resident #24, and Resident #126) reviewed for baseline care plan . The facility failed to complete a baseline care plan within 48 hours of admission for Resident #18, Resident #24, and Resident #126 This failure could affect newly admitted residents and place them at risk of not receiving continuity of care and communication among nursing home staff to ensure their immediate care needs were met. Findings included: Record review of Resident #18's Face Sheet noted the resident was a [AGE] year-old male who was admitted to the facility on [DATE] with primary diagnoses of hemiplegia (a condition characterized by paralysis of one side of the body) and hemiparesis (weakness of one entire side of the body) following cerebral infarction affecting left non-dominant side. Record review of Discharge MDS dated [DATE] did not indicate a BIMS score. Assessment of mental status indicated the resident had a memory problem with some difficulty in new situations, no psychosis noted, and occasionally incontinent. Record review of Resident #18's Baseline Care Plan revealed it was completed on and dated 12/18/24, by the DON. Record review of Resident #24's Face Sheet undated noted the resident was an [AGE] year-old female who was admitted to the facility on [DATE] with primary diagnosis encounter for surgical aftercare following surgery on the circulatory system. Record review of Resident #24's Discharge MDS dated [DATE] did not indicate a BIMS score. Assessment of mental status indicated the resident's short-term memory was ok and independently made decisions regarding tasks of daily life. Her functional abilities needed setup or clean up assistance for sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/shower transfer, car transfer, walk 50 feet with two turns, and walking 150 feet. (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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #24's Baseline Care Plan revealed it was completed on and dated 11/19/2024, by the DON. Record review of Resident #126's Face Sheet undated noted the resident was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #126 had diagnoses of spinal stenosis, lumbar region without neurogenic claudication (narrowing of the lumbar spinal canal that compresses the nerve rootlets and nerve roots). Record review of Resident #126's Initial MDS dated [DATE] noted a BIMS score of 12 indicating moderate cognitive impairment. The resident used a walker for mobility and needed supervision or touching assistance with eating and oral hygiene, partial/moderate assistance with toileting hygiene, shower/bath self, upper body dressing and personal hygiene, and dependent on lower body dressing and putting on/taking off footwear. Record review of Resident #126's Baseline Care Plan revealed it was completed on and dated 01/21/2025, by the DON. In an interview on 01/30/2025 at 11:00AM the MDS Nurse said for the Base Line Care Plan, the admission nurse opened the Care Plan tab in the system and the admitting nurse did the assessment. That information was transferred from that assessment into the Care Plan and information from the admission assessment was transferred to the Baseline Care plan form. She said the Base Line Care Plan was written within 48 hours of admission. She said the Base line Care Plan was complete when the nurse signed it. She said the DON signed the Base Line Care plans. She said she and the DON were responsible for the Base Line Care Plans. She said the risk to residents was if the policy was not followed, the residents might not get the care they needed. In an interview on 01/30/2025 at 11:21AM the DON said she signed them, and the nurses started them. She said when she signed the Base Line Care Plan that meant it was complete. She said according to the company, the Base Line Care Plan needed to be complete within 5 days. She reviewed the Base Line Care Plans for Resident #18 and #24. She said Resident #18' Base Line Care Plan was not done within 48 hours. She saw that Resident #24's Base Line Care Plan was not done within 48 hours. She said she did not know why the Base Line Care Plans were done late. She said the risk to residents if policy/procedure were not followed was staff would not know how to properly care for the resident and the worst thing was staff were not able to follow through with things for the resident. She said she last had training on Base Line Care Plans when she first started 8 months ago. She said she was responsible for ensuring policy/procedure were followed. In an interview on 01/30/2025 at 11:34AM the Administrator said the MDS nurse, or the DON wrote the Base Line Care Plans. She said it needed to be an RN. She said the first care plan was done within 48 hours, normally. She said the reason the Base Line Care Plans were not completed in time was she thought it was too much work for the DON to have signed them in time. She had not recently had training on Base Line Care Plans. She said the risk to residents was if policy/procedure were not followed and the Base Line Care Plan was late, the residents potentially would not get the care they needed, and the worst thing to happen to a resident when policy/procedure was not followed was death. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility's policy titled, Baseline (Initial) Plan of Care Summary dated December 2016 read in part . Policy: It is the policy of this facility to provide each resident with an interim (initial) plan of care developed within 48 hours of admission that addresses identified risk areas and resident's initial individual needs and baseline summary will be completed before a comprehensive care plan is completed. Purpose: The Baseline (Initial) Plan of Care documents and communicates the resident's needs within 48 hours of admission and until the Comprehensive Plan of Care is finalized by the interdisciplinary team .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45581 Based on interviews and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 (Resident #126) of 25 residents reviewed for pharmacy services. 1. The facility failed to administer two doses of Morphine Sulfate Oral Tablet 30 MG (Morphine Sulfate) for Resident #126 to prevent potential pain. 2. The facility failed to ensure the nurse's medication cart (500/600hall) did not have discontinued and/or expired medications. These failure could place residents at risk for adverse effects of pain, discomfort, increase side effects, not receiving the therapeutic effects of the medication, and a decline in health. The findings were: Record review of Resident #126's Admission Record revealed Resident #126 was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #126 had diagnoses of spinal stenosis, lumbar region without neurogenic claudication (narrowing of the lumbar spinal canal that compresses the nerve rootlets and nerve roots). Record review of Resident #126's MDS dated [DATE] noted the resident had a BIMS score of 12 indicating some cognitive impairment and had frequent pain. Pain management indicated she needed scheduled pain medication regimen. The pain intensity was rated a 6 of 10. Care Area Assessment indicated she had pain. Resident #126 received scheduled pain medication regimen. Record review of Resident #126's Care Plan, undated read in part .Focus: chronic pain to lower back and left shoulder secondary to myalgia and arthralgia. Goal: The resident will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Interventions: Monitor/record/report to Nurse any s/sx of non-verbal pain. The resident is able to: call for assistance when in pain, ask for medication, tell you how much pain is experienced, tell you what increase or alleviates pain. Record review of Physician Order Recap Report dated 01/09/2025 - 02/28/2025 read in part . Morphine Sulfate Oral Tablet 30 MG (Morphine Sulfate) Give 1 tablet by mouth two times a day for Pain .Start date 01/10/2025, End date 01/27/2025 . Ordered by the MD. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #126's Medication Administration Record (MAR) dated 01/2025 read in part . The resident had a scheduled medication of Morphine Sulfate Oral Tablet 30 MG (Morphine Sulfate). The MAR noted under Scheduled Start Date/Time, 01/10/2024 at 0800, Medication not available/ordered from pharmacy and on 01/10/2024 at 2000, Other/See Nurse Notes. Morphine Sulfate Oral Tablet 30 MG (Morphine Sulfate), Give 1 tablet by mouth two times a day for Pain -Start Date- 01/10/2025 0800, -D/C Date- 01/27/2025 0937 . 01/10 morning dose noted code 11 meaning medication not available/ordered from pharmacy. 01/10 evening dose noted code 9 meaning Other/See Nurse Notes . Record review of evening Progress Note dated 01/10/2025 noted the resident had no complaints or comments regarding pain . Interview on 01/30/2025 at 5:53PM with Resident #126 said she was not in pain and thought it was Morphine that caused her to throw up when she got to the facility. She said she thought she took the morphine on 1/10. She did not take it a couple of nights ago though. She said she preferred to have the pain patches and did not like taking pills. In an interview on 01/30/2025 at 6:15PM Family Member A said the resident may have told the facility staff she did not want the morphine. She said the only thing she really talked with staff about was the resident's physical therapy. In an interview on 01/30/2025 at 6:22PM LVN B said the pharmacy always runs late and the medications arrive between 10pm and 12AM. She did not know why the nurse that ordered the medication did not get morphine from the e-kit. In an interview on 01/30/2025 at 7:59PM the DON said it seemed like the nurse called the MD for triplicate that morning and it came in that evening. The facility did not have the pain management referral until the resident got to the facility. She said the hospital did not send the prescription. The pain manager doctor came in the next day if he was referred. She said the morphine was ordered on 1/10 at 8AM and it came in that night. She said if the resident was in pain, then the medication could come from the Omni cell, and they could call in for the approval to get the medication for the resident. She said she did not know when the triplicate came in. She said a late medication delivery would be normal and the cut off was at 2pm to have it delivered the same day. She said if a resident came in after 2PM their medications would come in the next night. She said there was morphine in the e-kit. She said she would have to get a code before administering the medication. She said she did not know when the MD was called about the morphine or why the morphine was not pulled from the e-kit, and the resident did not get her medication. She said there was a pain scale on the TAR for the resident. She said if the resident was not in pain, then she did not know why a medication would be given. She did not know why the morphine was a scheduled medication. She said she would clarify the order with the doctor regarding pain medications when the resident was not in pain. She said the morphine was later changed to PRN. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/30/2025 at 6:47pm RN C said she thought the facility had not received the triplicate yet to get Resident #126's Morphine. She said if the triplicate were received then they could administer it. She said when they got the order, she called the MD to get the triplicate. She said she did not know what happened that day and she later got the resident's order to PRN because she said the resident told her she did not want it and it made her very drowsy. She said the resident's vitals were taken each shift. RN C called the pharmacy and asked when they received the triplicate for the resident's morphine. Pharmacy Tech said that the triplicate for the morphine was received at 8:49AM on 01/10/2025. He said the facility signed to receive the medication at 11:26PM on 01/10/2025. Record review of the Omni Inventory for the e-kit indicated the facility had Morphine ER 15mg TAB- 3 tablets, Morphine ER 30mg TAB- 5 tablets, Morphine IR 15mg TAB- 5 tablets, and Morphine Sulfate IR 30mg TAB- 5 tablets. 2. During an observation of the 500/600 Hall medication cart on 01/29/25 at 12:20 PM., revealed the following was found: -Ipratropium 0.5mg/Albuterol 2.5 mg/3ml box was open and not dated, and the resident had discharged from the facility on 01/27/25. -Trelegy 100/mcg/6.25mcg/25mcg inhaler was opened with an expiration date of 04/2024. -Carbidopa/Levodopa/Entacapone 100 mg tab 1-tab TID had discard after 11/24/24 date. Interview on 01/30/25 at 11:35 AM, the DON also said that medications should be checked daily by the nurse for expired medications, but she also checked the chart weekly and must have missed the expired meds. She said it was the responsibility of the nurse who used the cart to check for the expired meds. She said the staffing coordinator and the DON conduct checkoff with new nurse hires. The DON said the residents who were discharged from the facility or who have discontinued medications should be pulled from the cart and placed in the destruction bin that day. She said the risk of not removing expired or discontinued meds could be that these medications are accidentally administered. She said the expired or discontinued medications should have been destroyed. Interview 01/30/2025 at 2:07 PM the Administrator said her expectation was not to have expired medications on the cart. She said the DON usually monitored the med carts weekly, but the facility also consulted with the pharmacy staff to review carts and remove all expired meds. She said the ultimate responsibility was the nurse using the cart. She said the nurses were supposed to removed medications the same day the residents are discharged from the facility. The Administrator said the risk of administering expired medication was that it may not have the same potency and/or possibly administering the medications for someone else. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's Medication Administration policy dated 2017 read in part . Medication Administration: 1. Medications are administered in accordance with written orders of the prescriber. If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or condition, the nurse calls the provider pharmacy for clarification prior to the administration of the medication. If necessary, the nurse contacts the prescriber for clarification. This interaction with the pharmacy and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate. Medications, type of medication and route of administration are administered by authorized personnel according to state regulations . Record review of the facility's Medication Administration and Management policy, revised on 06/2019 read in part, . Security and Safety Guidelines: 19. Outdated medication is destroyed or returned to the pharmacy according to applicable state rules and regulations and a new supply obtained when necessary .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45581 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 for the kitchen. The facility failed to ensure on 01/28/2028 at 8:15 AM that a cling wrapped bunch of bacon in the refrigerator and cans of thickening agent were labeled and dated with the delivery date. The facility failed to ensure a bag of sausage patties was sealed. These failures had the potential to place residents at risk of serious complications from foodborne illness because of their compromised health status. Findings included: Interview and observation were conducted on 01/28/2025 at 8:15 AM with the acting Dietary Manager and there was a box of sausage patties unsealed. There was also an unlabeled cling wrapped chunk of bacon in the freezer. The acting Dietary Manager said the patties should be sealed and the bacon labeled with the delivery date on it. She then wrote a date of 01/26/2025 on the bacon. She said that was the date the food was delivered, and she knew because she was there when the food came in. The dry goods storage had unlabeled cans of food thickening agent. In an interview on 01/29/2025 at 4:06PM the Dietary Director said he had worked at the facility for 8 months as the Dietary Director. He said as the Dietary Director he planned menus, purchased groceries, wrote the cleaning schedules, gathered logs, scheduled staff, and hire/fired kitchen staff. He said the policy or procedure for storing food was if it was a single item then it was dated with the day of arrival. He said there was already a use before or expiration date. He said if something was not all used then there was a 3-day date placed on the food. He said normally items were wrapped and dated. He said the thickening cans should have been discarded. He said someone did not label after they opened the bag, or maybe they rushed things. He said the risk to residents when policy was not followed was, they could get sick with E. coli or salmonella and the worst thing was death, or food poisoning. Record review of Food Storing Principles policy dated April 2020 read in part . Procedure: 3. Label each package, box, can, etc. with the expiration date, date of receipt, or when the item was stored after preparation . Record review of Cold Food Storage Areas policy April 2020 read in part . 7. Store foods in their original packaging and in leak-proof, nonabsorbent, sanitary containers with tight fitting lids . U.S. Food and Drug Administration Food Code dated 2022 read in part . 3-305.11 (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	TAC Ch. 228 Subchapter A read in part . (a) The purpose of this chapter is to implement Texas Health and Safety Code, Chapter 437, Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Food Vendors. (b) The department adopts by reference the U.S. Food and Drug Administration (FDA) Food Code 2017 (Food Code) and the Supplement to the 2017 Food Code. (c)

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F 0814 Level of Harm - Potential for minimal harm Residents Affected - Some	Dispose of garbage and refuse properly. 45581 Based on observation, interviews, and record review, the facility failed to dispose of garbage and refuse properly for 1 of 2 waste receptacles reviewed for garbage disposal. The left dumpster had its top right lid opened when no one was disposing of trash. These failures could place residents at risk for exposure to germs and diseases carried by vermin and rodents. Findings included: Observation and interview with the [NAME] on 01/28/2025 at 10:33AM revealed the dumpster on the left had the top right lid open. She said the lid should be closed and the cleaning people were just there and probably could not reach the lid to close it. The waste receptacle was located on facility property about 30 yards from the building. The closest entrance to the facility was through an external kitchen door. There was a concrete wall surrounding the dumpster . In an interview on 01/28/2025 at 10:35AM the Maintenance Director said he was just at the dumpster. He asked if it was the side door and was told no, it was on the top. He said, Oh the wind must have blown it open. I know how y'all are with the doors being open . In an interview on 01/29/2025 at 4:06PM the Dietary Director asked which dumpster was open because one dumpster was only for paper, plastics, and other things, and only one dumpster was for food leftovers from the kitchen. He said the dumpster lids should have been closed. He said he was not aware that both dumpsters were his responsibility. He said the trash people may have just come or the wind blew it open. He said the risk to residents of the dumpster lid being open was they could get sick because of pest that could get inside the facility . Record review of the Garbage and Trash Policy dated 2023 read in part . Trash Procedure: 2. Garbage and trashcans must be inspected daily that no debris is on the ground or surrounding area, and that the lids are closed.