STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676484	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mont Belvieu Rehabilitation & Healthcare Center	14000 Lakes of Champions Blvd Mont Belvieu, TX 77523

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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interviews and record reviews, the facility failed to utilize the services of a RN for 8 consecutive hours 7 days a week and designate a RN as a DON on a full-time basis for 1 of 1 facility reviewed for nursing services.The facility failed to ensure an RN worked for 8 consecutive hours for 4 of 30 days reviewed in February and March 2026.The facility failed to designate an RN as a DON on a full-time basis for 2 of 2 months reviewed in February and March 2026. These failures could place residents at risk of not having their nursing and medical needs met, and other direct care staff not receiving sufficient oversight.Findings included:During an interview on 03/18/26 at 12:45 p.m. with the facility HR Director and record review of the facility's RN staff payroll hours for the period of 02/17/26 - 03/18/26 indicated no RN Services on the following dates: 02/26/26, 03/11/26, 03/12/26, and 03/16/26. The HR Director said the facility had not hired a full-time DON and the last day of employment for the previous DON was 2/17/2026. The HR Director said the facility Administrator was responsible for making sure the facility had RN coverage daily and hiring a DON. The HR Director said the Administrator had conducted interviews with DON Candidates but had not hired anyone.Record review of Incidents & Accidents for 02/26/26, 03/11/26, 3/12/26 and 03/16/26 did not reveal any negative outcomes to residents related to not having RN services.During an interview on 03/17/26 at 1:00 p.m., LVN C said she had worked for the facility for 6 months and the DON quit last month. LVN C said she had felt the lack of RN and DON was a concern as LVN because on certain occasions it could pose a challenges like needing the DON or RN to physically look at a patient to do a more in depth assessment. She said, although the facility occasionally employed RNs and DONs, there were periods when neither was present. LVN C said in such instances, she would seek supervisory guidance by consulting the ADON, physicians, or Nurse Practitioner. LVN C mentioned that, when appropriate, she would seek advice from the pharmacy or dietitian as well. LVN C said there were no negative outcome because of no DON because you could still call someone.During an interview on 03/17/26 at 1:00 p.m., the ADON said she was a LVN and the facility had been without a fulltime DON since 02/17/26. She said the nursing staff had corporate oversight, and she was in the building 2-3 days a week and had been available by telephone to her. The ADON said she had 24/7 access to the corporate nurse(Director of Clinical Operations) for any questions. The ADON said the Administrator had been reviewing the staffing schedule and was the one responsible for hiring a DON. The ADON said the DON had a critical role in a nursing facility, noting that the DON was responsible for overseeing nursing staff, providing guidance as needed, and ensuring compliance with regulations, policies, and procedures to maintain quality of care. She also mentioned the importance of RNs in such settings, as they provided guidance, support, and performed nursing tasks beyond the scope of CNAs and LVNs. The ADON further stated, without a DON the negative outcome could be that no one in the role positioned to articulate nursing-related issues and facilitate discussions aimed at improving the quality of care and residents' quality of life.During an interview on 03/18/26 at 1:00 p.m., the Administrator said he was aware the facility did not have RN coverage or an acting DON. He said he expected the facility to have an RN working eight consecutive hours a day every day of the week. He said he expected there to be an acting DON or full-time DON in (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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the facility. The Administrator said the previous DON quit 02/17/26 with no notice and the facility had been actively advertising for the DON position. He said the facility had been attempting to hire and a DON, advertising the position on different platforms, and just recently added incentives to make the position more desirable. He said they had one or two applicants to interview for DON next week. He said his desire to hire someone more experienced in management of resident care and staff, led to the failure of the DON position not to be filled. The Administrator said the facility had corporate oversight from an RN, but that RN had not worked forty hours a week at the facility. He said he was the one who was responsible for making sure there was a DON and the facility had RN coverage. The Administrator said he was not aware there was no RN coverage on those dates(02/26/26, 03/11/26, 3/12/26 and 03/16/26). The Administrator said the Director of Clinical Operations was available on-call as needed and was in person in the facility 2-3 days a week doing DON work reviewing nursing systems. The Administrator said he was aware of the importance of having an RN at the facility for clinical management. The Administrator said the Director of Nurses was responsible for ensuring RN coverage as required and notifying Administrator of non-coverage. He stated there was improvement to be made and the management was aware of the issue prior to today.During an interview on 03/18/26 at 11:49 a.m., the Director of Clinical Operations said it was the DON's responsibility to ensure and scheduled an RN for 8 consecutive hours every day, but in the absence of the DON it was the responsibility of the Administrator. The Director of Clinical Operations said she was not the full-time DON for the facility and she only visited the facility 2-3 times a week to review systems and was available to the facility via phone 24/7 for any care concerns. The Director of Clinical Operations said that there were no reported quality concerns attributable to the lack of RNs or DONs. She said there were no residents who had missed services or treatment because an RN was not onsite. She said that staff contacted her, the physician or nurse practitioner depending on the situation. The Director of Clinical Operations said the facility had sufficient RNs to cover their 8 consecutive hours shift every day and did not know why it was not done. She said it was important to have a RN coverage because they were more skilled than an LVN and were able to assess patients differently. She said they were interviewing one or two candidates for an RN DON at the end of the week.Record review of the facility's policy titled Director of Nursing Services, dated August 2006, read in part: Policy Statement: The Nursing Services department is under the direct supervision of a Registered Nurse.1. The Nursing Services Department is managed by the director of nursing services. The director is a registered nurse licensed by this state and has experience in nursing service administration rehabilitation and geriatric nursing. #2 the directors employed full-time 40 hours per week.Record review of Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities (February 2023 Revision). F727: RN 8 Hrs./7days/Wk., Full Time DON . Policy read in part . Except when waived . the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week .

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 1 kitchen reviewed for essential equipment. The facility did not ensure the gas stove was in safe operating condition. This failure could place the residents at risk of a fire and not receiving their meals in a timely manner.Findings included: During an observation and interview on 03/16/2026 at 8:39 a.m., the DM said 1 burner (front right burner) was not functionable, the control knob was removed and gas line to that burner was disconnected. He said they use the other 5 burners. He turned on the 5 burners and 3 (the back burners) did not light with the pilot lights. The DM picked a long stem lighter that was next to the stove and lit those 3 burners. There was no smell of escaping gas. He said maybe the vent-a-hood blew out the pilot lights this morning and he would have maintenance check the burners. He said the stove needs to work properly so there are no delays with meals. During an observation of the kitchen on 03/16/2026 at 12:00 p.m., there was no smell of gas in the kitchen. During an interview on 03/16/2026 at 3:30 p.m., The administrator said he was informed the 3 burners did not light with the pilot light and the DM used the long stem lighter to light the burners. He said the pilot lights should light the burners. During observations on 03/17/2026 from 10:08 a.m. to 11:00 a.m., there were no gas odors in the kitchen. During an observation on 03/17/2026 at 11:30 a.m. the DM turned on 5 burners and 1 of 5 burners (the back middle burner) did not light with the pilot light and he immediately turned it off and said he would get maintenance adjust the pilot light. He said he might have bumped into the pilot light this morning when he was cleaning the grates on the stove. There was no gas odor. During an interview on 03/17/2026 at 3:30 p.m., the Administrator said the sixth burner (the right front burner) was fixed before we entered on Monday. He said they had deactivated that burner all together before we entered the building and the 3 burners had been fixed on 03/16/2026 after the DM and surveyor observed it. During an interview on 03/18/2026 at 1130 a.m., the Maintenance Supervisor said he had not been told the burners were not working with the pilot light until after surveyor intervention. He said the pilot light was lit but the pilot light was turned away from the burner, and his expectation was for the kitchen staff to notify him when equipment was not working properly. Record review of the Maintenance of Equipment-Stove Top Burner policy dated March 2026. Policy Statement Maintenance service shall be provided to all areas of the building, grounds, and equipment, including stoves, ovens, and cooktops. The Maintenance department is responsible for ensuring that all equipment is maintained in a safe and operable condition at all times . c. Any kitchen equipment malfunction or repair need to be reported immediately by the Dietary Manager or dietary staff to the Maintenance Director for timely repair of replacement.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure assessments accurately reflected the resident status for 1 of 23 residents (Resident #14) reviewed for MDS assessment accuracy. The facility incorrectly coded Resident #14's admission MDS assessment dated [DATE] and the most recent MDS quarterly assessment 01/28/2026 to ensure Resident #14 dental status when she had missing teeth and dental concerns. This failure could place residents at risk of not receiving care and services to meet their needs. Findings include: Record review of Resident #14's admission Record dated indicated she was [AGE] years old, admitted on [DATE] with diagnoses which included congestive heart failure, skin cancer and diabetes (high blood sugar). Record review of Resident #14's physician orders for March 2026 indicated a diet order for Mechanical Soft-Ground texture diet was ordered on 08/27/2025. Record review of Resident #14's admission MDS assessment, dated 05/27/2025, reflected a BIMS score of 14 indicating she had intact cognitive ability. Her functional ability section of the assessment indicated she was dependent on staff for bathing and was able to feed self. The oral and dental section did not indicate obvious or likely cavities or broken natural teeth, inflamed or bleeding gums or loose natural teeth and mouth or facial pain, discomfort or difficulty with chewing. Record review of Resident #14's quarterly MDS assessment, dated 01/28/2026, reflected a BIMS score of 13 indicating she had intact cognitive ability. Her functional ability section indicated she was dependent on staff for bathing, was able to feed self and required substantial assistance with brushing her teeth. Mechanically altered diet was indicated. The oral and dental section did not indicate discomfort or difficulty with chewing. Record review of Resident #14's care plan, dated 01/29/2026, indicated she had an ADL self-care performance deficit and limitations in physical mobility related to impaired balance, and limited mobility. She required extensive assistance with oral care and supervision with eating. During an observation and interview on 03/16/2026 at 9:35 a.m. Resident #14 said she had not seen a dentist since she came to the facility and would like to. She said when they give her chopped meat, she does not have pain. Resident #14 pointed in her mouth at her bottom jaw there were 2 teeth broken into gum line. The 4 other teeth on her bottom jaws were crooked and loose. Resident #14 touched the 4 teeth and they moved freely. She said the top jaw was missing teeth as she pointed to them and closed her mouth. She said she had dental issues when admitted to the facility. During an interview and observation on 03/18/2026 at 9:45 a.m., LVN C went to Resident #14's room and checked her dental concerns after surveyor intervention. LVN C said Resident #14 needs to be on the dental referral list. She said Resident #14 had not complained of pain or concerns and said it was missed. During an interview on 3/18/26 at 10:00 a.m., the MDS nurse said Resident #14 should have been triggered for dental issues on her MDS assessments as she assessed Resident #14's mouth. During an interview and record review on 03/18/2026 at 1:09 p.m., the Director of Clinical Operations said the DON was responsible for ensuring the MDS was accurate. She said the DON left without notice on 2/17/2026. She said the dental concerns for Resident #14 must have been overlooked. The Director of Clinical Operations said the resident risk of dental issues not being coded correctly could lead to the dental concerns not being addressed and could have potential adverse reaction including pain or weight loss. She said her expectation was all dental concerns to be coded on the MDS and addressed. She said they used the Resident Assessment Instrument Manual for their policy. During an interview on 03/18/2026 at 1:30 p.m., the Administrator said his expectation was for MDS to be correct and for dental referral to be done as needed. Record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.19.1 dated October 2024Steps for Assessment 1. Ask the resident about the presence of chewing problems or mouth or facial pain/discomfort. Check L0200B, no natural teeth or tooth fragment(s) (edentulous): if the resident is edentulous/lacks all natural teeth or parts of teeth. Check L0200D, obvious or likely cavity or broken natural teeth: if any (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cavity or broken tooth is seen.Check L0200E, inflamed or bleeding gums or loose natural teeth: if gums appear irritated, red, swollen, or bleeding. Teeth are coded as loose if they readily move when light pressure is applied with a fingertip. Check L0200F, mouth or facial pain or discomfort with chewing: if the resident reports any pain in the mouth or face, or discomfort with chewing.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure each resident's drug regimen was free from unnecessary medications for 1 of 18 residents (Resident #55) reviewed for unnecessary medications. The facility did not monitor Resident #55's apixaban (blood thinner) medication for side effects. This failure could place residents at risk for unintended, harmful events attributed to the use of medication without monitoring for side effects.Findings included: Record review of a face sheet dated 03/16/2026 indicated Resident #55 was an [AGE] year-old female admitted on [DATE] and readmitted on [DATE]. Her diagnoses included atrial fibrillation (a heart condition where the upper chambers of the heartbeat irregularly and can lead to ineffective blood pumping increasing the risk of blood clots). Record review of a physician order for Resident #55 dated 01/12/2026 indicated she was prescribed apixaban 2.5 mg two times a day for atrial fibrillation, created by LVN B on 01/12/2026 and revised by the Director of Clinical Operations on 02/22/2026. Record review of the physician orders for Resident #55 dated 03/17/2026 indicated she was prescribed apixaban 2.5 mg two times a day for atrial fibrillation with a start date of 01/12/2026 and did not indicate monitoring for side effects. Record review of Resident #55's admission MDS assessment dated [DATE] indicated she had a BIMS score of 10, indicating moderately impaired cognition. The assessment indicated she had a diagnosis of Atrial fibrillation and was taking an anticoagulation medication during the lookback period. Record review of the electronic record of Resident #55 from 01/12/2026 to 3/18/2026 did not indicate monitoring for side effects of the anticoagulant medication apixaban. Record review of the Medication Administration Record of Resident #55 dated 03/18/2026 indicated she received apixaban 2.5 mg two times a day for atrial fibrillation with a start date of 01/12/2026. Record review of Resident #55's care plan with a target date of 05/15/2026 indicated she received anticoagulant therapy related to atrial fibrillation with interventions that included administering the medication as ordered, monitor and document side effects and effectiveness every shift. Record review of Consultant Pharmacist's Medication Regimen Review for Resident #55 dated 02/09/2026 indicated to add anticoagulant monitoring. During observation and interview on 03/16/2026 at 11:45 a.m., Resident #55 was sitting in her recliner and said she was treated well and took a blood thinner medication, apixaban and had no bruising or bleeding concerns.During a record review and interview on 03/18/2026 at 8:23 a.m., RN A said she was providing care for Resident #55 today. She said Resident #55 received the anticoagulant medication apixaban and should be monitored for side effects but was not. RN A said she was educated to monitor all anticoagulant medication for side effects. She said the charge nurse putting the order in the computer system was responsible for adding the monitoring into the computer system and the ADON was the back up to double check to ensure the monitoring was added. RN A said Resident #55's monitoring was overlooked. She said the resident risk of an anticoagulant not monitored for side effects was potential bleeding. During an interview on 03/18/2026 at 8:26 a.m., the ADON said Resident #55's anticoagulant medication should have been monitored for side effects and all the nurses were all educated on adding side effect monitoring into the computer system for anticoagulant medication. She said she was the back up to ensure monitoring was added into the computer system. She said Resident #55's monitoring was overlooked. The ADON said Resident #55 went to the hospital and the anticoagulant monitoring may not have been added back into the computer system on her return. She said the DON was responsible for addressing Resident #55's pharmacy recommendation on 02/06/2026 and adding monitoring to the anticoagulant medication into the computer system but it was overlooked. She said she was now responsible for the pharmacy consultant recommendations. The ADON said the resident risk of a pharmacy recommendation being missed was that the anticoagulant medication was not monitored with a potential for bleeding. During a phone interview on 03/18/2026 at 11:51 a.m., LVN B said she no longer worked at the facility. She (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	said she overlooked adding the side effect monitoring into the computer system when she put the order for Resident #55's anticoagulant medication into the computer system. She said she was educated on adding side effect monitoring to anticoagulant medication orders. LVN B said the resident risk of not monitoring an anticoagulant medication for side effects was the potential for bleeding. During an interview and record review on 03/18/2026 at 12:12 p.m., the Director of Clinical Operations said the charge nurse receiving the physician order was responsible for adding the side effect monitoring for an anticoagulant into the computer system and ADON and pharmacy consultant were the back up to ensure the monitoring was added. She said the nurses were educated on adding side effect monitoring when a resident was ordered an anticoagulant medication. She said she revised Resident #55's Apixaban order and updated the diagnosis. The Director of Clinical Operations said Resident #55's monitoring for side effects for his anticoagulant medication was overlooked. The Director of Clinical Operations said the DON was responsible for addressing the pharmacy consultant recommendations from 02/09/2026. She said the DON left without notice on 02/17/2026. She said the pharmacy recommendation was overlooked. The Director of Clinical Operations said her expectation was anticoagulant medication administered as directed by the physician and monitored for bleeding and other side effects of anticoagulants and all pharmacy recommendations addressed and carried out completely. During an Interview on 03/18/2026 at 1:20 p.m., the Administrator said the charge nurse receiving the physician order was responsible for adding the monitoring for side effects into the computer system and the ADON was the back up to double check for monitoring. He said Resident #55's monitoring for side effects was overlooked. The Administrator said the resident risk of an anticoagulant medication not monitored for side effects was potentially bleeding. The Administrator said the DON was responsible for addressing the pharmacy consultant recommendations from 02/09/2026. He said the DON left without notice on 02/17/20266. He said the pharmacy recommendation was overlooked. He said his expectation was physician orders be followed including monitoring and follow up as appropriate and all pharmacy recommendations addressed timely. Record review of the facility policy titled Medication Regimen Reviews revised May 2019 indicated the following,. The Consultant Pharmacist reviews the medication regimen of each resident at lease monthly.4. The goal of the MRR is to promote positive outcomes while minimizing adverse consequences and potential risks associated with medication.d. inadequate monitoring for adverse consequences; . Record review of the facility policy titled Administering Medications revised dated April 2023 indicated the following.Medications are administered in a safe and timely manner, and as prescribed. 12. Medications which require special monitoring will be listed on the Nurses Medication Administration Recor for assessment/ recording. These medications include . c. Anticoagulant/ Antiplatelet (blood thinning) Medications.)

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assist residents in obtaining routine and 24-hour emergency dental care for 1 of 23 residents (Resident #14) reviewed for dental care. The facility did not assist Resident #14 with obtaining dental services when she had dental concerns of missing, broken and loose teeth. This failure could cause the resident unnecessary dental pain.Findings included: Record review of Resident #14's admission record dated indicated she was [AGE] years old, admitted on [DATE] with diagnoses which included congestive heart failure, skin cancer and diabetes (high blood sugar). Record review of Resident #14's Physician orders for March 2026 indicated a diet order for Mechanical Soft-Ground texture diet was ordered on 08/27/2025. Record review of Resident #14's admission MDS assessment, dated 05/27/2025, reflected a BIMS score of 14 indicating she had intact cognitive ability. Her Functional Ability assessment indicated she was dependent on staff for bathing and was able to feed self. The oral and dental section did not indicate obvious or likely cavity or broken natural teeth, inflamed or bleeding gums or loose natural teeth and mouth or facial pain, discomfort or difficulty with chewing. Record review of Resident #14's quarterly MDS assessment, dated 01/28/2026, reflected a BIMS score of 13 indicating she had intact cognitive ability. Her Functional Ability assessment indicated she was dependent on staff for bathing, was able to feed self and required substantial assistance with brushing her teeth. Mechanically altered diet was indicated. The oral and dental section did not indicate discomfort or difficulty with chewing. Record review of Resident #14's care plan, dated 01/29/2026, indicated she had an ADL self-care performance deficit and limitations in physical mobility related to impaired balance, limited mobility. She required extensive assistance with oral care and supervision with eating. During an observation and interview on 03/16/2026 at 9:35 a.m. Resident #14 said she had not seen a dentist since she came here and would like to. She said when they give her chopped meat, she does not have pain. Resident #14 pointed in her mouth at her bottom jaw there was 2 teeth were broken into gum line. The 4 other teeth on her bottom jaws were crooked and loose. Resident #14 touched the 4 teeth and they moved freely. She said the top jaw was missing teeth as she pointed to them and closed her mouth. During an interview on 03/18/2026 at 12:56 p.m., the ADON said the DON and the SW were responsible for addressing dental concerns and making dental appointments, but it was overlooked. She said the DON and social worker both quit. She said the administrator was helping with appointments. The ADON said the resident risk of not being referred to dental services was pain and weight loss. She said the referral would be made today. During an interview on 03/18/2026 at 1:30 p.m., the Administrator said his expectation was for dental referral to be done as needed. He reviewed the list of residents who had seen the dentist and he said Resident #14 was not on the list, however the facility would work on a referral today. Record review of the Dental Services policy dated December 2016 indicated . Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment.