

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Fallbrook Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10851 Crescent Moon Dr Houston, TX 77064	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to provide services and make reasonable accommodations to meet the Residents needs and preferences, for 4 of 5 residents reviewed for quality of life (CR#1, Resident #2, Resident #3, and Resident #4) reviewed. Resident rights Facility failed to ensure nursing staff responded to resident call lights within a reasonable time frame. Interviews were CR #1, Resident #2, Resident #3, and Resident #4 revealed their call lights frequently went unanswered for up to one hour or longer. This should practice had the potential to place residents at risk for unmet needs, including delays in receiving assistance with medical care in the event of an emergency. Findings include: Record review of CR#1's undated face sheet revealed a [AGE] year-old female who was originally admitted to the facility on [DATE] and discharged from the facility on 3/30/2026. CR#1 had diagnoses of type 2 (obtained later in life) Diabetes with hyperosmolarity (body doesn't make enough insulin in the body); legally blind (unable to see), dependence on renal dialysis (treatment for people with failing kidneys), hypertension (high blood pressure). During a telephone interview on 4/28/26 at 3:30pm with FM B she stated CR#1 arrived at the facility on Friday or Saturday and it was horrible for her on that night shift. She stated CR#1 was legally blind, which was a result of her diabetes. She stated the CNA A would take almost an hour to respond to CR#1's call light. She stated CR#1 would call her throughout the night crying. FM B stated on 3/29/26, starting on Sunday evening a little after 11:00pm and on early morning (Monday morning approximately 1:00am), CR#1 telephoned her and began telling her she was sitting in her feces for the last two hours. FM B stated she was on the phone when CNA A came in the room and she heard him say, I hope you don't do this all night. FM B stated this was after CR#1 had been sitting in her feces for 2 hours. FM B stated she spoke with administrator and DON and told them she would be discharging from that facility. FM B stated CR#1 was traumatized by the degrading way CNA A spoke with her and how he made her feel. During a telephone interview on 4/29/26 at 9:48am with CR#1, she stated she was totally blind. CR#1 stated she arrived at the facility on Saturday 3/28/26 afternoon. During the night shift, CR#1 stated when she pushed her call light it took 45 minutes for CNA A to answer her call light. CR#1 stated she was taking antibiotics, which made her have multiple bowel moments throughout the day and night. CR#1 stated each time she pushed her call light on the night shift, it would take over 40 minutes for CNA A to answer. CR#1 stated CNA A appeared to get frustrated with her as indicated by him telling her he had other residents to tend to and she was not his only resident. She informed CNA A that she could walk with assistance and he could assist her to the bathroom if it would make it easy for him. CR#1 stated she asked him why does it take him over 40 minutes to answer the call light and he stated he actually has 2 hours to answer because his rounds were completed every two hours. After an hour, CR#1 stated she pushed her call light and when CNA A came in her room, she asked him to help her to the bathroom and he told her to poop in her diaper and wait. CR#1 stated the next day on 3/29/26, when CNA A arrived for his night shift (10:00am-6:00am), she pushed her call light and it took 30-40 minutes for him to come. She stated he did not come right away. She stated she sat in her feces from 1:00am-3:00am. CR#1 stated she called (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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>FM A during this time and told her she was still sitting in her poop. She stated this was humiliating and she was traumatized. She stated FM B came to pick her up on Monday 3/30/26 early morning. She stated she felt disgusting and nasty. She stated she never wants to return to a place (Nursing facility) like this. Record review of Resident #2's undated Face Sheet revealed she was a [AGE] year-old female who was originally admitted to the facility on [DATE] and readmitted [DATE]. Resident #2 had active diagnoses of Acute Respiratory Failure with Hypoxia (respiratory failure is a life-threatening, short-term condition where the lungs cannot adequately oxygenate the blood, Hypertension (Blood pushes too hard against artery walls), Diabetes (body doesn't make enough insulin in the body), Cerebrovascular Accident (it occurs when blood flow to the brain is interrupted or blood vessel bursts, Hemiplegia and Hemiparesis' follow Cerebral Infarction affecting the Left side (this condition causes reduced strength, sensory deficits, and balance issues, Seizures (are uncontrolled electrical disturbances in the brain, causing symptoms like convulsion, blank staring or altered sensations. Record review of Resident #2's MDS dated [DATE] revealed she had a BIMS score of 15, which meant cognitively intact., The resident was totally dependent on staff for most of her ADL's, which were incontinent care (bathing, and changing,), rolling from left to right from a lying position, and personal hygiene. Record Review of Resident #2's Care Plan dated 07/21/2025 revealed the following: Focus: Resident #2 was incontinent of bladder and bowel (Date Initiated: 04/20/2022; Revision on 01/14/2026). Goal: Resident #2 will remain clean, dry and free and dignity will be maintained (Date initiated: 04/09/2020; Revision on 01/14/2026; Target date 06/22/2026). Interventions: Monitor for incontinence often, encourage resident to use bell to call for assistance (Date initiated: 07/21/2025). During an interview on 04/27/2026 at 11:16 am with Resident #2 she stated she has had a lot of issues with nursing staff on 2-10 shift and weekend staff, who refuse to answer her call light when needing incontinent care. Resident #2 stated nursing staff come into her room and turn off call light then leave without providing care. Resident #2 stated they never change her diaper; they just leave her in urine and sometimes feces for long periods which makes her feel bad Resident #2 stated her dignity concern by nursing staff on 2-10 shifts and weekends had been ongoing for a while. Resident #1 stated she's left in bed soaked because the 2-10 shift and weekend staff will not answer her call light or if they come into her room, they turn off call light, leave and never return. Resident #2 stated she spoke with the 2-10 charge nurse about her call light not being answered, including weekend staff. Resident #2 stated she also told FM A about the issues with staff not answering her call light on 2-10 shift and weekends. Resident #2 stated she felt neglected, embarrassed and ashamed. Resident #2 stated FM A had specific times and days the issues started. FM A stated talking to administrator and nursing staff has gotten her nowhere. During telephone interview on 04/27/2026 at 2:10 pm with FM A revealed Resident #2's call button was ignored and staff refused to acknowledge that Resident #2 needed assistance and care. FM A stated, the call light issues were mainly the 2-10 shift. FM A stated the 2-10 shift CNAs leave resident lying in bed in her diaper because they don't answer the call button. She stated staff will come in the room and just turn the call light off then leave right out without providing any care to Resident #2. FM A stated 2-10 nursing staff refuse to change or clean Resident #2 when she was soiled. FM A stated she has reached out to the administrator and nursing staff several times, but nothing has been done. She explained that due to staff not answering call lights Resident #2 will call the front desk hoping that someone will answer resident's call light, but the phone was never answered. FM A stated this was also an ongoing problem on the weekend about nursing staff refusing to change Resident #2 when she uses her call bell to call for help. FM stated Resident #2 does not have any pressure sores yet, but it was a concern because they were not answering call light to change Resident #2's brief timely. Record review of Resident #3 's undated Face Sheet revealed she was a [AGE] year-old female who was originally admitted to the facility on [DATE] and readmitted [DATE]. Resident #3 had an active diagnosis of Chronic Obstructive Pulmonary disease, Unspecified (Chronic Obstructive Pulmonary Disease (COPD) is a progressive, incurable lung disease-primarily caused by smoking-that (continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>restricts airflow, making it difficult to breathe. Unspecified Asthma, Uncomplicated (it is a chronic respiratory condition documented when clinical details are insufficient to classify the asthma's severity or control. Uncomplicated means the patient is not currently experiencing an acute asthma attack, worsening symptoms. Morbid Obesity (severe overweight due to excess calories and when body mass index is greater than 40) Anemia (is a blood disorder characterized by insufficient healthy red blood cells or hemoglobin to carry adequate oxygen to tissues, causing fatigue, weakness, pale skin, and shortness of breath) Hypertension (Blood pushes too hard against artery walls) thrombosis and EMBOLISM. Record Review of Resident #3's Care Plan dated 06/05/2024 revealed the following: Focus: Resident #3 is at risk for falls r/t impaired mobility, impaired cognition, muscle weakness, abnormalities of gait and mobility, lack of coordination, bed confinement (Date Initiated: 06/06/2024; Revision on 04/22/2026). Goal: Resident #3 The resident will reduce the risk for further incidents and be free of incident and be free of injury through the next review date (Date initiated: 06/05 /2024; Revision on 01/16/2026; Target date 04/25/2026). Intervention: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance (Date initiated: 04/10/2025; Revised on 4/10/2025). Record review of Resident #3's MDS revealed a BIM score of 15, which indicate Resident #3 had normal thinking and memory (no or very little impairment). The MDS revealed Resident #3 used a wheelchair and was totally dependent on nursing staff for toilet hygiene, showers, upper & lower body dressing, sit to lying, chair and bed transfer. During an interview on 4/28/2026 at 2:29 pm with Resident #3 she stated she has call light issues with nursing staff not responding to her call lights when needing to be changed or put back into her bed. Resident #3 stated she doesn't have any issues reaching call light, but when she pushes it, no one ever comes. Resident #3 stated the longest she has waited for someone to answer call light was two hours. Resident #3 stated she feels bad when she soils her brief, then depending on CNAs to clean her up. Resident #3 stated she also must wait a long time to be put back into bed after being up all day. Resident #3 stated she was in a lot of pain at times. Record review of Resident #4's undated Face Sheet revealed he was a [AGE] year-old male who was originally admitted to the facility on [DATE] and readmitted [DATE]. Resident #4 had active diagnoses of Diabetes (body doesn't make enough insulin in the body), Peripheral Autonomic Neuropathy (is damage to the nerves outside the brain and spinal cord that control involuntary bodily functions, such as heart rate, blood pressure, digestion, and sweating), Morbid Obesity (is due to excessive calories), Insomnia is a sleep disorder (difficulty falling asleep, staying asleep, or waking too early,) Neuromuscular dysfunction of the bladder (it causes incontinence, retention, or frequent urges) Muscle weakness (is a reduced ability to exert force with muscles), Cerebral Palsy (it results in symptoms like stiffness, involuntary movements, and poor coordination). Record Review of Resident #4's Care Plan dated 02/21/2024 revealed the following: Focus: Resident # is at risk for falls r/t mobility, psychoactive medications (Date Initiated: 02/21/2024 ; Revision 02/24/2026). Goal: Resident # 4 The resident will be free from any signs/symptoms of hypoglycemia through the review date. (Date initiated: 04/06/2025; Revision on 04/24/2026; Target date 06/04/2026). Intervention: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident need prompt response to all requests for assistance (Date initiated: 04/18/2024; Revised on 05/02/2025). Record review of Resident #4's MDS dated [DATE] revealed she has a BIMS score of 15, which meant he was cognitively intact, indicating normal thinking and memory with little to no impairment. Resident was totally dependent on staff for most of her ADL's, which were incontinent care (bathing, and changing,), rolling from left to right from a lying position, and personal hygiene. During an interview with Resident #4 he stated (10:00pm-6:00am) which is considered the night shift has a serious issue with answering call lights. This is a big problem. Resident #4 stated call light goes without being answered for over an hour. Resident #4 stated he has had to call nurse station from his own cell phone to get someone to answer his call light. During an interview on 4/28/2026 at 5:17pm with the Administrator he stated he gets phone calls in the middle of the night (continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to ensure residents were free from abuse and neglect for 1 of 5 residents (CR#1) reviewed for ADL Care. The facility failed to ensure CR#1 was free from neglect when she was told to poop in her diaper and left to sit in her feces for 2 hours. This failure could place residents at risk of developing skin associated wounds needing continued medical assistance. Findings Record review of CR#1's undated face sheet revealed a [AGE] year-old female who was originally admitted to the facility on [DATE] and discharged from the facility on 3/30/2026. Resident #3 had a diagnosis of type 2 (obtained later in life) Diabetes with hyperosmolarity (body doesn't make enough insulin in the body); legally blind (unable to see), dependence on renal dialysis (treatment for people with failing kidneys), hypertension (high blood pressure). Record review of CR#1's Baseline Care Plan dated 3/28/26 revealed the following: Focus: Resident Has an ADL self-care performance deficit dash data initiated 3/28/26 Goal: This area is blank Interventions: The date is totally dependent on staff to provide all of her necessary needs. Date started 3/28/26 Record review of CR#1's Discharge MDS dated [DATE] revealed, CR#1's BIMS score was left blank. According to Section GG - Functional Abilities, CR#1 required partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs and provides [NAME] than half the effort) in the following areas: Oral hygiene, toileting, shower/bath, upper and lower body dressing, personal hygiene; CR#1 required Substantial/Maximal assistance (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) in Toilet transfer, and tub/shower transfer. Record review of facility investigation report completed on 3/31/26 indicated CR#1 decided to leave against the medical advice of the facility physician. CNA A was suspended pending the investigation. The results were confirmed. Record review of CNA A's Incident statement dated 3/31/26 revealed at 10:40 PM CNA A responded to CR#'s call light at which time CR#1 told CNA A her call light had been on about an hour. CNA A denied this was accurate. According to CNA A 's incident report at this time the resident informed him that she was on antibiotics which may contribute to frequent bowel movements. CNA A stated at 1:30 AM CR #1 called again and he provided incontinent care because she had another bowel movement. CNA A stated at 2:15 AM he was caring for another resident and when he exited that resident room at 2:30 AM he noticed CR#1's called light was on again. CNA A stated at this time he provided care for CR#1. He stated during care she was on the telephone with FM B and he stated FMB told her that it was not that long of a period for her wait for care. During a telephone interview on 4/28/26 at 3:30pm with FM B she stated CR#1 arrived to the facility on Friday or Saturday and it was horrible for her on that night shift. She stated CR#1 is legally blind, which is a result of her diabetes. She stated the CNA A would take almost an hour to respond to CR#1's call light. She stated CR#1 would call her throughout the night crying. FM B stated on 3/29/26, Sunday evening early morning, she was on the phone with CR#1 who was telling her she was sitting in her feces for the last two hours. FM B stated she was on the phone when CAN A came in the room and she heard him say, I hope you don't do this all night. FM B stated this was after CR#1 had been sitting in her feces for 2 hours. FM B stated she spoke with administrator and DON and told them she would be discharging from that facility. FM B stated CR#1 was traumatized by the degrading way CNA A spoke with her and how he made her feel. During a telephone interview on 4/29/26 at 9:48am with CR#1 who stated she is totally blind. CR#1 stated she arrived at the facility on Saturday 3/28/26 afternoon. During the night shift, CR#1 stated when she pushed her call light it took 45 minutes for CNA A to answer her call light. CR#1 stated she was taking antibiotics, which made her have multiple bowel moments throughout the day and night. CR#1 stated each time she pushed her call light on the night shift, it would take over 40 minutes for CNA A to answer. CR#1 stated CNA A appeared to get frustrated with her as indicated by him telling her he had other residents to tend to and she was not his only resident. She informed CAN A that she could walk with (continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>assistance and he could assist her to the bathroom if it would make it easy for him. CR#1 stated she asked him why does it take him over 40 minutes to answer the call light and he stated he actually has 2 hours to answer because his rounds are completed every two hours. After an hour, CR#1 stated she pushed her call light and when CNA A came in her room, she asked him to help her to the bathroom and he told her to poop in her diaper and wait. CR#1 stated the next day on 3/29/26, when CNA A arrived for his night shift (10:00am-6:00am), she pushed her call light and it took 30-40 minutes for him to come. She stated he did not come right away. She stated she sat in her feces from 1:00am-3:00am. CR#1 stated she called FM A during this time and told her she was still sitting in her poop. She stated this was humiliating and she was traumatized. She stated FM B came to pick her up on Monday 3/30/26 early morning. She stated she felt disgusting and nasty. She stated she never wants to return to a place (Nursing facility) like this. During an interview on 4/28/2026 at 5:17pm with Administrator he stated he gets phone calls in the middle of the night from residents that staff are not answering call lights. He stated he has left his own home and came to the facility to answer call lights. He stated based on census there are enough staff. He stated they have terminated staff for not doing their jobs. He stated good workers are difficult to find. He stated call lights are a challenge and a work in progress. He stated in-service training is completed monthly for the quality of care. Administrator stated adverse effect of not answering call lights is bad because residents depend on light for their needs. He states he is in continuous communication with staff for call lights. The administrator stated the facility generated report was not confirmed but could not provide a reason why he confirmed it on his investigation. The Administrator stated he spoke with the FM regarding CR#1 and her leaving. He stated the FM stated CR#1 stated that the CNA took over and hour each time she pushed her call button for assistance. He stated he spoke with CNA A who denied the incident. He stated all staff and residents have his personal number and called him regarding call lights. He stated the call lights are a continuous issue and he is working on it. He stated he has terminated some staff, completed in-service training on others and has hired some as well. He stated call light have been an ongoing problem. The administrator stated he is the abuse coordinator. Regarding CNA A, the Administrator stated he had returned to work. During an interview on 4/28/2026 at 5:25pm with DON, care should be completed before the call light is turned off. Adverse effect with not answering call lights. It could be pain, get out of bed by themselves. States definition of neglect is to provide care within standards of practice and if we don't then it is neglect. The adverse effect of neglect a patient can feel abandoned psychologically or physical impairment, bed sores, patient may try to get up by themselves and possibly fall. Several attempts to contact CNA A were unsuccessful; however, Administrator stated CNA A is out of the country at this time and is not available by telephone. Record Review of the facility's abuse, neglect, and exploitation dated 2024 reveals: Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident [NAME] are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p>		