

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 Indian Creek Rd Brownwood, TX 76801	
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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>Based on interview and record review, the facility failed to not use any individual working in the facility as a nurse aide for more than four months on a full-time basis unless that individual has completed a training and competency evaluation program for 2 (Caregiver HA A and Caregiver HA D) of 4 Caregiver Hospitality Aides reviewed for nursing services. The facility failed to ensure Caregiver HA A and Caregiver HA D were certified within four months of their hire date. This failure could place residents at risk for receiving inappropriate care from individuals whose skill level was unknown. Findings included: Record review on 02/07/2026 of the facility's employee files revealed: -Caregiver HA A was hired 08/06/2025 and worked full time. An employability status check, dated 08/06/2025, indicated Caregiver HA A and had no CNA certification. -Caregiver HA D was hired 07/30/2025 and was currently working full time. An employability status check, dated 07/29/2025, indicated Caregiver HA D had no CNA certification. During an interview on 02/07/2026 at 2:49 PM, Caregiver HA D stated she performed incontinent care without a CNA or nurse at bedside. She stated she had taken courses but had not taken the test. Caregiver HA D stated if a person did not know how to care for a resident, the harm could be the resident was not taken care of to the full extent they should have been. During an interview on 02/07/2026 at 6:10 PM, Caregiver HA A stated he performed sit to stand transfers with residents. He stated there was only one other CNA at night, and if busy with other residents he would go get another HA to help him do incontinent care (change briefs) and transfer residents, if needed. He stated he used to work at another facility and the DON showed him how to transfer residents and perform incontinent care, but he was not certified. During an interview on 02/09/2026 at 3:00 PM the DON stated the HAs did not have competency check-off lists. She stated they had not been doing incontinent care or transfers. The DON stated HAs were not supposed to do peri-care, or transfers. She stated that HAs could not do anything that involved touching the residents as they were not certified. The DON stated her expectations for HAs was for them to be removed from the floor until their clinical portion of classes were obtained and completed. She stated the floor nurses and the ADMN monitored the HA's classes and certifications as well as making sure there was a CNA or nurse with them while performing certain tasks. The DON stated she felt it was a system failure between nurses and staff The DON stated there was a potential of harm to residents because they were possibly provided incorrect procedures. During an interview on 2/09/2026 at 3:47 PM the ADMN stated there were no competency check-off lists for any of their Caregiver HAs. He stated he did not know why the HAs were not checked off. The ADMN stated the HAs were not allowed to provide direct care unless they had their clinicals or they were paired with a nurse or CNA. He stated the staff performing direct care should have their certification within four months of hire. The ADMN stated his expectations, going forward, was no uncertified staff could work the floor and would be given a 4-month window. He stated if their clinicals were done, and had not been certified, they would not return to work until they were registered. The</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 675017	If continuation sheet Page 1 of 2

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ADMN stated the failure occurred in a lot of different ways but stated he should not have trusted the situation was being handled. He stated there was a potential of harm to residents who received care from an HA, but since they were not certified and could have possibly given residents improper care. Record review of documents provided by the DON titled Job Description with a date of 03/2020 revealed: Position Title: Hospitality Aid, Reports to: Director of Nursing Job Summary: the Hospitality Aide performs non-nursing, non-direct care duties under the supervision of licensed nursing personnel and assists in maintaining a positive physical, social and psychological environment for residents. Job Responsibilities: Answer call lights, make unoccupied beds, pass fresh drinking water and deliver snacks, take menu/orders from residents, Serve/deliver food trays., Remove food trays, assist with feeding non-choking or non-aspiration risk residents, assist residents with preparing food as needed, assist residents in wheelchairs to/from events, 1-on-1 with residents who have behavioral challenges or need socialization, Provide personal care, such as combing hair or washing face and hands, assist resident with putting on and removing glasses and hearing aids, stay with resident while in the bathroom to. To do other tasks while waiting to transfer, Complete errands for residents, Read mail and write letters for residents per residence request, and supplies, Transport soiled linen containers, Restock supplies including stock linen carts, Cleaning over bed tables and bedside stands, Inventory of personal items upon admission. And update as needed, label and store personal items, clean Whirlpool tub after in between residents, store or hang clean laundry items in resident rooms., ensure treatment and nurses stations are clean and in order. And all nursing stations are stocked with necessary forms. Drawers and files are organized, Assist in facilitating a designated activity, other duties as assigned.</p>		