

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Crestwood Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1448 Houston St Wills Point, TX 75169	

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>42190</p> <p>Based on interview and record review, the facility failed to ensure residents were informed orally, of their rights, for 6 of 6 residents interviewed during a group meeting (Resident #13, #14, #21, #32, #49 and #53).</p> <p>Residents #13, #14, #21, #32, #49 and #53 were not orally informed of their rights, during their stay in the facility.</p> <p>This failure placed the residents at risk of a decreased quality of life, decreased awareness of their rights and decreased execution of their rights.</p> <p>Findings included:</p> <p>During an interview on 10/15/2024 at 9:00 AM, Residents #13, #14, #21, #32, #49 and #53 said, the new AD has not reviewed resident rights with them or explained any resident rights to them, since she became the AD.</p> <p>During record review of resident council meeting minutes, for 10/09/2024, 09/03/2024, 08/02/2024, 07/02/2024, and 06/07/2024, revealed that resident rights were not reviewed over the past five months; October, September, August, July, and June 2024.</p> <p>During an interview on 10/16/2024 at 3:25 PM, the AD said she became the AD after receiving her certification in March 2024. She said she was still learning, and she was not aware that she should have been reviewing the resident rights with residents during resident council meetings. She said she would make sure she reviewed resident rights.</p> <p>During an interview on 10/16/2024 at 3:50 PM, the Operations Manager said the residents received a copy of the resident rights, in the admission packet and the AD should be going over resident rights in the resident council meetings.</p> <p>Review of a document titled Resident Right and Responsibility, Notice of, with a revised date of 12/2023, reflected Policy: It is the policy of this facility to inform the resident both orally and in writing of their rights as a resident, as well as the regulations .</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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