STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675597	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Health and Rehabilitation Center	1448 Houston St Wills Point, TX 75169

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Preadmission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for 1 of 5 residents (Resident #85) reviewed for PASRR Level I screenings.The facility failed to ensure the accuracy of the PASRR Level 1 screening for Resident #85. The PASRR 1 Level screening did not indicate a diagnosis of mental illness, although the diagnosis was present upon admission. This failure could place residents who had a mental illness at risk of not receiving a needed assessment (PASRR Evaluation), individualized care, or specialized services to meet their needs. Findings included:Record review of Resident #85's face sheet, dated 01/05/2026, indicated she was an [AGE] year-old female, admitted to the facility on [DATE] with diagnoses including bipolar disorder, chronic kidney disease stage 4, and frontotemporal neurocognitive disorder. Record review of Resident #85's admission MDS assessment, dated 09/1520/25, indicated section A1500 was marked 0 or no. this indicated she was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Section A1510 was not marked for level II PASRR conditions. The assessment indicated she had a BIMS score of 12, which indicated intact cognition. Section I (Active Diagnoses) indicated the resident had bipolar disorder. Record review of Resident #85's PL 1 screening, dated 09/15/2025, indicated section C0100 Mental illness was marked no, which indicated there was no evidence or an indicator that she had a mental illness.During an interview on 01/07/26 at 9:44AM, the MDS Coordinator said she was responsible for the MDS and PASRRs at the time of Resident #85's admission on [DATE] from an assisted living facility. After viewing the PL1 in the PASRR software she said the PL1 was marked no on dementia, mental illness, developmental disability and intellectual disability. After viewing the admission MDS dated [DATE] she agreed section I (Active Diagnoses) was marked positive for bipolar disorder. She said bipolar disorder would be a possible qualifying diagnosis for PASRR specialized services. She said she would notify the local authority the PL1 was incorrect. She said it was important the PL1 be correctly marked as yes for mental illness so a PASRR Evaluation could be performed by the local authority. She said the resident could possibly qualify for specialized services and would miss receiving them.During an interview on 01/07/2026 at 10:20 AM, the DON said she was not aware of Resident #85's PL1 was incorrectly marked as no for mental illness. She said it was possible if her PL1 was marked positive for mental illness she may have qualified for specialized services for her mental health.During an interview on 01/07/2026 at 10:30 AM, the Administrator said Resident #85 could possibly miss out on receiving specialized services if her PL1 was incorrectly marked as no for mental illness. Record review of the facility's policy, PASRR Policy and Procedures, revised 1/2022, indicated: .ALL residents have received a PASRR Level 1 screening. If Facility serves a resident with a positive PASRR Level I screening, the facility MUST have obtained A PASRR Level II evaluation.

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure laboratory services were obtained to meet the needs of 1 of 18 residents reviewed for laboratory services (Resident #9). The facility failed to obtain Resident #9's CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) every Monday for 4 weeks as ordered. This failure could place residents at risk of not receiving timely diagnoses, treatment, and services to meet their needs.Findings included: Record review of Resident #9's undated face sheet revealed he was an [AGE] year-old male that admitted on [DATE] with a readmit date of 12/3/25. Record review of Resident #9's physician's orders dated 1/7/26 indicated he had diagnoses that included: Dependence on Renal Dialysis (life-sustaining treatment for kidney failure that artificially filters waste products and excess fluid from the blood), End Stage Renal Disease (the kidneys can no longer filter waste and fluids effectively requiring dialysis or a kidney transplant for survival), Encephalopathy (diffuse disease or brain injury that alters brain function causing symptoms like confusion, memory loss, and personality changes), and Type 2 Diabetes (a form of diabetes characterized by high blood sugar and insulin resistance).The physician's orders indicated:12/4/25 CBC, CMP, every Monday for 4 weeks. Record review of the admission MDS dated [DATE] indicated Resident #9 had a BIMS score of 15 indicating he was cognitively intact. He received dialysis. Record review of the undated care plan indicated Resident #9 needed hemodialysis on Monday, Wednesday, and Friday for renal failure. He had fluid overload or potential fluid volume overload related to kidney failure. The care plan did not address labs or orders for labs. During an interview on 1/6/26, Resident #9 was sitting in his chair. He said the staff was nice to him and he went to dialysis three times per week. During an interview 1/07/2026 at 11:11 AM, RN A said they do not have all the labs for Resident #9. She provided labs for Resident #9 dated 12/5/25 and said they did not have any other labs for him. She confirmed there were no labs drawn on Resident #9 on Monday 12/8/25, Monday 12/15/25, Monday 12/22/25 or Monday 12/29/25. During an interview on 01/07/2026 at 11:12 AM, the ADON said they did not have all the labs for Resident #9. They only had labs from 12/5/25. The other labs were not done. During an interview on 1/07/2026 at 11:42 AM The DON said she thought the PA did not realize Resident #9 was a dialysis patient and if he had realized that he would not have ordered weekly labs because dialysis did his labs. She said she called dialysis and they said he did not need labs more than monthly at this time and he had labs done 12/5/25 and labs were due again today. Record review of a progress notes written by the PA indicated: 1/2/26.We're continuing to follow weekly labs and patient plans to discharge home. 12/5/25.Patient is a recent new admission to the facility from the hospital resting comfortably in bed and no acute distress patient's workup at the hospital revealed UTI (urinary tract infection), end-stage renal disease, .and patient will continue with hemodialysis three times weekly on Monday, Wednesdays, and Fridays. During an interview and record review on 1/07/2026 at 11:49 AM, the DON provided a progress note she wrote for Resident #9 dated 1/7/26 indicating: Writer noted order for weekly labs x 4. Resident is a dialysis patient, and labs are drawn routinely at dialysis. Spoke to PA new order noted to d/c that order. PA stated with resident being a dialysis patient and receiving routine labs, order for weekly x 4 was not necessary. Interview on 01/07/2026 at 1:55 PM, the ADON said if labs were ordered by the MD or PA, they should be done per the order unless the order changed or was discontinued. She said there were no notes or documentation that the PA changed or discontinued the lab orders for Resident #9 before today. She said the PA put in the order for the labs and did not realize that dialysis did them monthly, so there was no indication for them. She said the risk of a resident not getting labs done were multiple. She said if there was an order indicating labs should continue, they could not track the labs if they had not been done. The ADON said they did not have the weekly labs for Resident #9. She said dialysis did his labs monthly. During an interview on 1/07/2026 at 2:03 PM, the DON said she thought the PA did not realize Resident #9 was on dialysis when he put (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the orders for the weekly labs. She talked to the PA today and he discontinued the order for weekly labs for Resident #9 dated 12/4/25. She said the labs were not done. She said dialysis did all his labs as they were needed and she confirmed that today by calling the dialysis center. She said the PA discontinued that order today when she called him. The risk of Resident #9 not getting his labs as ordered were negative consequences to the resident, if the labs were not in normal range. She said that order should have been caught before today. She said a new nurse, RN B, should have put that lab order for Resident #9 on the 24-hour report and everyone would have been aware of the order, and she could have asked the PA about it. But, she said it was not on the 24-hour report. She said it was her responsibility to make sure all lab orders were completed. Orders were reviewed by the IDT team which included the DON, ADON, ADM, and all dept heads, and it was just missed somehow. They have done a full lab audit today. On 1/7/25 at 2:17 PM, a phone interview was attempted with RN B. No return call was received. During an interview and record review on 1/07/2026 at 2:20 PM, the DON provided the 24-hour reports dated 12/4/25 and 12/5/25. She said there was nothing on them regarding the orders for Resident #9's labs. During an interview and record review on 1/07/26 at 2:30 PM, the Regional Nurse said the physician's orders policy they provided was all they had for following physician's orders. Record review of a Physician's Orders, Telephone Orders and Recapitulation Process policy dated 11/2007 indicated: .2.All orders must be specific and complete with all necessary details to carry out the prescribed order without any question. Record review of Diagnostic Tests/Laboratory Services Policy dated 5/2007 with a revised date of 7/2015 indicated: Policy: It is the policy of this facility to provide for laboratory services under contract with an independent laboratory. A physician's order is required. Procedures: 1.A licensed Nurse will communicate order to laboratory. An order from the physician is necessary for lab work.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 residents reviewed for infection control practices (Resident #60). The facility failed to ensure CNA C changed her gloves and performed hand hygiene appropriately while providing incontinent care for Resident #60. She touched Resident 60's arm, gown, and leg with her dirty gloves. This failure could place residents at risk of exposure to communicable diseases, cross-contamination, and infections. Findings included: Record review of Resident #60's undated face sheet indicated she was a [AGE] year-old female that admitted [DATE]. Record review of the physician's orders dated 1/7/26 indicated Resident #60 had diagnoses that included: Dementia (severe cognitive decline interfering with daily life), Parkinson's Disease (a neurodegenerative disease of the central nervous system affecting both motor and non-motor symptoms), and senile degeneration of the brain (age related cognitive decline). Record review of the quarterly MDS dated [DATE] indicated Resident #60 had no speech, was rarely or never understood and rarely or never understood others. She had short-term and long-term memory problems. The MDS indicated she was dependent on staff for toileting hygiene. She was always incontinent of urine and bowel. Record review of the undated care plan indicated Resident #60 had Parkinson's Disease and had impaired thought processes related to dementia. The care plan indicated she required assistance for activities of daily living care and staff would change her brief and provide assistance as needed. During an observation on 1/07/2026 at 10:30 AM, CNA C and CNA D provided incontinent care for Resident #60. CNA C cleaned Resident #60's front peri area then without changing her gloves or sanitizing her hands she touched Resident #60's gown, arm and upper thigh before changing her gloves and washing her hands. During an interview on 1/7/26 at 10:46 AM CNA C said she was nervous, forgot to change her gloves, and touched Resident #60's gown, arm and thigh with her dirty gloves. She said she should have changed her gloves and cleaned her hands before touching the resident. She said that could cause contamination and infection to residents and staff. During an interview on 1/7/26 at 10:48,AM, CNA D said she was nervous and did not realize CNA C had not changed her gloves when she was supposed to. She said CNA C should have changed her gloves and sanitized her hands before touching Resident #60's gown, arm, and leg. She said touching a resident with dirty gloves could cause cross contamination and infection to residents and staff. During an interview on 1/07/2026 at 10:51 AM, LVN E said staff should always change their gloves and sanitize their hands after performing a dirty procedure. She said touching a resident with dirty gloves was a risk of cross contamination and infection to residents and staff. During an interview on 1/07/2026 at 1:55 PM, the ADON said during incontinent care a staff or CNA should change and sanitize their hands if their gloves were dirty. She said if a staff touched a resident with gloves they had used to clean a resident's peri area, they would be considered dirty and/or contaminated and that could cause infection control issues for staff and residents. She said CNA's and staff were taught to always change their gloves after a dirty procedure. During an interview on 1/07/2026 2:03 PM, the DON said during incontinent care staff should change their gloves when they were dirty. She said if a staff cleaned the peri area of a resident, then touched the resident or any items, those items would be considered contaminated or dirty. Gloves should be changed anytime they were considered dirty. She said the CNA's and staff were educated on infection control and hand hygiene practices and they knew what they were supposed to do. Staff not changing gloves when they were dirty could cause a risk of contaminating something or increasing the risk of infection to residents and staff. During an interview and record review on 1/07/2026 at 2:32 PM, the Regional Nurse said they did not have an incontinent care proficiency for CNA C. She provided a computer program print out that indicated CNA C was proficient (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in Infection Prevention and Control Basics on 1/3/26. Record review of a Perineal Care Policy with a revised date of 7/2013 did not address glove changes or sanitizing hands during incontinent care. Record review of a Hand Hygiene Policy with a revised date of 4/2025 indicated: PolicyIt is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene, which is one of the most effective measures to prevent the spread of infection, based on accepted standards. Residents, family, and visitors will be encouraged to practice hand hygiene.2.Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .b.Before and after direct contact with residents;.h. Before moving from a contaminated body site to a clean body site during resident care;i. After contact with a resident's intact skin;j.After contact with blood or bodily fluids;.m. After removing gloves.