

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/23/2025
NAME OF PROVIDER OR SUPPLIER  Country Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE  721 W Mulberry Angleton, TX 77515	

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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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
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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interviews, the facility staff failed to ensure that a resident received treatment and care in accordance with professional standards of practice, to promote healing and prevent infection for 1 of 5 residents (CR# 1) reviewed for pressure ulcers. The facility failed to prevent progression of CR # 1's Stage 4 Sacral Pressure Ulcer (a severe pressure injury that extends through all layers of skin,) that was not getting better and enlarged from 2.20 cm in length, 1.10 cm in width, 0.10 cm in depth and 2.42 cm in area on 8/19/2025 to 5.40 cm in length, 6.00 cm in width, 2.30 cm in depth, and 32.40 cm ( 2nd degree) in Area on 9/10/2025, had odor an exhibited signs of infection. The facility failed to administer CR # 1's antibiotics, Cefdinir, for the sacral ulcers and as ordered by the wound care Nurse Practitioner on 9/3/2025. An Immediate Jeopardy (IJ) was identified on 9/17/2025. The IJ Template was provided to the facility on 9/17/2025 at 5:00 pm. While the IJ was removed on 9/19/2025, the facility remained out of compliance at a severity level of no actual harm with a potential for more than minimal harm at a scope of pattern. These failures could place residents at risk of pain, worsening of wounds, infection, hospitalization, and death. Findings Include: Record review of CR # 1's face sheet, dated 9/12/2025, revealed she was an [AGE] year old female who was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction ( a medical condition where there is a blockage of blood flow to the brain, resulting in damage to brain tissue), non-traumatic intracerebral hemorrhage (a type of stroke caused by bleeding within the skull), hemiplegia and hemiparesis (conditions that cause weakness or paralysis on one side of the body), essential hypertension ( high blood pressure), peripheral vascular disease (a condition that affects the blood vessels outside of the heart), and pressure ulcer of sacral region( a skin breakdown that occurs over the sacrum, the triangular bone at the base of the spine). Record review of CR # 1's care plan 10/27/2021, revealed Focus: pain [CR # 1]is at risk for pain related to neuropathy (a condition that damages the nerves, leading to various symptoms), dorsopathies (conditions that affect the structure or function of the spine, encompassing a range of disorders from degenerative issues to inflammation and pain.), and pressure wound on sacrum(a skin breakdown that occurs over the bony prominence of the sacrum), Goal [ CR # 1} will voice an acceptable pain level within one hour of taking pain medication, and Interventions/Task [CR #1] administer apap prn for pain as ordered by physician, administer baclofen routinely for muscle spasms as ordered, assess for pain using 1-10 scale every shift, and ass to a position of comfort when in pain. Focus, revision 9/12/2025 [CR # 1) stage 4 pressure ulcer on sacrum and DTI to left heel. CR # 1 is at risk for further skin breakdown related to impaired mobility, incontinence, refusing repositioning, refusing baths and low albumin/protein levels. 6/2/2025 - new stage 2 pressure ulcer on coccyx- healed 6/11/2025, 7/14/2025- pressure ulcer on coccyx reopened, 7/16/2025 pressure ulcer on coccyx staged 4 by Wound Care Physician. Goal [CR # 1] will remain free of any additional skin breakdown through the new review date; wound will show progress healing by decreasing in size weekly over the next 30 days. Interventions/Task[CR # 1] administer wound treatments routinely as ordered; ascorbic acid tablet 500 mg; assist to reposition at least every two hours; cleanse stage 4 sacral wound with vashe, apply Santyl ( topical ointment used to remove dead tissue from chronic skin ulcers )on vashe soaked hydro [NAME] blue and affected area, cover with silicone boarder dressing daily; encourage to be active and mobile; facility wound care physician to consult and treat weekly as clinically indicated, daily observation of skin with routine care; and low air loss mattress set at 180 lbs.Record review of CR # 1's Minimum Data Set (MDS), 6/23/2025, revealed: CR# 1 was: Dependent (helper does all of the effort or the assistance of 2 or more helpers is required for resident to complete task)C0500- Brief Interview for Mental Status (BIMS) - 14 (intact cognition)GG0120-used a wheelchair for mobilityGG0130-Self-care - dependent on staff for eating oral hygiene, toileting, shower, upper body dressing, lower body dressing, and personal hygieneGG0170-Mobility- dependent on staff for roll left to right; sit to lying; and tub shower transferH0300- Urinary Incontinence - Always incontinentH0400- Bowel Incontinence- Always incontinentM0100- Determinization of Pressure Ulcer/Injury Risk- CR # 1 has a pressure ulcer/injury, a scar over bony prominence, or non-removable dressing/devise. M1050- Risk of pressure ulcers/injuriesM0220- Unhealed pressure ulcers/injuriesRecord review of CR #1's Clinical Physician Orders, dated 9/16/2025, revealed: Tramadol HCL Tablet 50 mg - Direction- give 1 tablet by mouth every 24 hours as needed for pain; start date 9/9/2025 and no end date; Cleanse stage 4 sacral wound with vashe (cleanse, irrigate, moisten, and debride wounds. helping to promote healing by managing bacteria and biofilm, reducing odor, and</p>		