STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32227 Based on observation, interview, and record review, the facility failed to provide appropriate treatment and services, based on the comprehensive assessment, to prevent urinary tract infections for 1 of 3 residents (Resident #68) reviewed for urinary catheters. The facility failed to keep Resident #68's catheter tubing off the floor while the resident was in her wheelchair causing it to drag on the floor and be stepped on while she was being pushed down the hall. This failure could affect residents with catheters by placing them at risk for the development and/or worsening of urinary tract infections and injury. Findings included: Record review of Resident #68's MDS dated [DATE] reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included depression, bipolar disorder, dorsalgia (physical discomfort occurring anywhere on the spine or back, ranging from mild to disabling), disorder of kidney and ureter. Resident #82 has a BIMS of 5 indicating she had severe cognitive impairment. Record review of Resident #68's January 2025 monthly orders reflected she had a catheter 18 French 10 cc bulb. Observation on 01/21/25 at 11:18 AM of Resident #68 revealed she was being pushed in her wheelchair from her room to the dining room by the Activity Director. The resident's catheter tubing was dragging on the floor and the Activity Director stepped on the tubing. When the Activity Director stepped on the tubing, she moved her foot and continued to push the resident. The resident did not appear to be in distress or noticed her tubing had been stepped on. Interview on 01/24/25 at 11:53 AM with the Activity Director revealed she recalled stepping on Resident #68's catheter tubing when she was pushing the resident in her wheelchair. The Activity Director said she was not aware the catheter tubing was not supposed to be dragging on the floor and did not know she had to tell someone so they could lift it off the ground. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/24/25 at 1:27 PM with LVN A revealed Resident #68's catheter tubing should not drag on the floor because it could introduce bacteria and was an infection control issue and if the Activity Director stepped on the tubing it could pull the catheter or hurt the resident. LVN A said if non-nursing staff were to see a catheter tube dragging, they should let the nursing staff know so they could fix the issue. Interview on 01/24/25 at 2:33 PM with the ADON revealed if non-nursing staff saw catheter tubing dragging on the floor, they could pick it up themselves or ask nursing staff for assistance. When the Activity Director stepped on the tubing, the ADON stated it could have pulled the catheter causing discomfort to the resident. She stated it was also an infection control issue. Record review of the facility's Catheter Care, Urinary policy, revised January 2023, reflected the following: Purpose The purpose of this procedure is to prevent catheter-associated urinary tract infections. .Infection Control . .b. Be sure the catheter tubing and drainage bags are kept off the floor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32227 Based on interview and record review, the facility failed to ensure, based on a resident's comprehensive assessment, residents maintained acceptable parameters of nutritional status for 1 of 19 residents (Resident #68) reviewed for nutrition. The facility failed to obtain Resident #68's weight upon her admission to the facility on [DATE] and failed to obtain weekly weights for the resident for four weeks, which resulted in the resident's weight loss not being identified. This failure placed residents at-risk for loss of weight and inadequate nutrition. Findings included: Record review of Resident #68's admission MDS dated [DATE] reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included depression, bipolar disorder, dorsalgia (physical discomfort occurring anywhere on the spine or back, ranging from mild to disabling), disorder of kidney and ureter, cognitive impairment, and malnutrition. Resident #82 has a BIMS of 5 indicating she had severe cognitive impairment. The MDS further reflected Resident #68's weight was 127 pounds. Record review of Resident #68's care plan revised on 01/07/25 did not reflect there were any weight concerns. Record review of Resident #68's hospital records dated 12/30/24 reflected the resident weighed 127 pounds. Record review of Resident #68's facility weights reflected the following: 01/15/25 - 128.6 pounds 01/21/25 - 119.4 pounds 01/23/25 - 119 pounds - surveyor witnessed weight being taken Record review of Resident #68's meal intake from 01/01/25-01/21/25 reflected there were 4 meals where the resident ate 26%-50%, 23 meals where she ate 51%-75%, and 3 days where she ate 75%-100%. Record review of Resident #68's admit evaluation initiated by LVN D dated 12/31/24 reflected there was not a weight entered for the resident. Observation and interview on 01/23/25 at 1:44 PM revealed Resident #68 was in her room, in her wheelchair, eating lunch. The resident said she was full, and it appeared she had eaten about 50% of her meal. Resident #68 was asked if she had been having decreased appetite, and the resident was not able to answer yes or no to the question and just said she was full. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/23/25 at 12:35 PM with CNA B revealed she worked at the facility Monday through Friday and worked with Resident #68. CNA B said the resident was able to eat on her own with no issues and described her a good eater for breakfast and lunch. CNA B also said Resident #68 had never not eaten or said she was not hungry. Interview on 01/24/25 at 2:26 PM with LVN D revealed she had just started working at the facility when Resident #68 was admitted and there was another nurse assisting her as it was her first new admit. LVN D said that nurse no longer worked at the facility. LVN D stated she did not get a weight on Resident #68 and was unsure if the other nurse had gotten an initial weight on the resident. Interview on 01/23/25 at 12:20 PM with Resident #68's family revealed she visited the resident frequently, and she had not noticed any weight loss. The family said Resident #68's weight usually fluctuated anywhere from 120 pounds to 135 pounds. The family said Resident #68 normally ate well, and the resident had not said anything to her about not being hungry or that she was not eating well. Interview on 01/23/25 at 12:16 PM with the ADON revealed she was not aware that new admits needed to be weighed weekly per their policy and did not know Resident #68's weight had not been taken when she first admitted . The ADON said some of the resident weights also might have been missed because of the recent ice storm that hit the area and staff calling in. The ADON further stated the DON had been on medical leave since the holiday break, and she (ADON) was trying to keep her head above water. She stated this is why the weight had been missed possibly. The ADON said if she would have noted the variance in weights, she should have called the doctor for further orders. Interview on 01/23/25 at 1:53 PM with the Registered Dietitian revealed she saw Resident #68 on 01/07/25 and noted there was not a weight in the system for Resident #68 and she had sent an email to the DON and ADON along with other department heads to obtain a weight for the resident. The Registered Dietitian said she had planned on following up with the resident the week of the survey to see if the staff had obtained the weights. The Registered Dietitian stated if she would have been made aware of the resident's weight loss, she would have put some measures in place such as adding fortified foods to her meal or a supplement if the resident was not eating at least 75% during her meals. She said that based on the resident's current weight and height, the resident was slightly below her BMI, but she was not concerned about it. Interview on 01/24/25 at 11:21 AM with the Physician revealed he had seen Resident #68, and she did not appear to be grossly underweight. The Physician said the staff were normally pretty good about letting him know when residents were experiencing weight loss and he or someone from his office was at the facility at least 5 times a week. The Physician further stated if he would have been told about Resident #68's weight loss he would have put some measures in place as well as trying to find out what was causing the weight loss. Record review of the facility's Weight Management policy dated January 2021 reflected the following: Procedure 1. Residents will be weighed on Admission and readmission. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. New admits will be weighed weekly for the first 4 weeks to establish baseline weights, after which they will be weighted monthly .5. Any weight change (loss or gain) of 5lbs or more since the last weight assessment will be retaken Additionally, the Interdisciplinary Team will assure the below tasks are accomplished: Physician notification of weight loss and documentation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42859 Based on interview and record review, the facility failed to ensure that residents who required dialysis received such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 2 of 2 residents (Residents #26 and #245) reviewed for dialysis. The facility failed to ensure dialysis communication forms for Residents #26 and Resident #245 were received back after returning from dialysis treatment. This failure could place residents at risk of inadequate communication between the facility and dialysis center. Findings included: 1. Record review of Resident #26's admission MDS assessment, dated 01/12/25, reflected the resident was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #26 had a diagnosis of end stage renal disease (a chronic condition that occurs when the kidneys can no longer filter waste from the blood and requires long-term dialysis). She had a BIMS score of 13, which indicated her cognition was intact. The MDS reflected Resident #26 received dialysis. Record review of Resident #26's care plan, dated 01/07/25, reflected Resident #26 needed hemodialysis (medical procedure that filters blood to remove waste and extra fluid when the kidneys are no longer functioning properly) rule out renal failure. The care plan reflected the following goals: [Resident #26] would have no signs of complication from dialysis through next review date. The resident will have immediate intervention should any s/sx of complications from dialysis occurs through the review date. The care plan interventions reflected: Encourage resident to go for the scheduled dialysis appointments Tuesday's, Thursday's, and Saturday's. Resident receives dialysis. Monitor/document/report PRN any s/sx of infection to access site: Redness, Swelling, warmth or drainage. Record review of Resident #26's January 2025 physician's order reflected to monitor permcath (flexible tube that's inserted into a blood vessel to provide long-term access to the bloodstream) pressure dressing to rule out chest for excessive bleeding every shift. Record review of Resident #26's EHR reflected nursing documentation regarding Resident #26's pre- and post-dialysis vital signs but missed any communication from dialysis center. Record review of Resident #26's dialysis communication forms for 01/07/25 to 01/24/25 reflected dialysis communication form dated 01/18/25 and 01/23/25, all the other dialysis dates of the month of January 2025 were missing communication forms totaling to 6 days in January 2025 on the following days: 01/09/25, 01/11/25, 01/14/25, 01/16/25, 01/18/25, and 01/21/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Record review of Resident #245's admission MDS assessment, dated 01/11/25, reflected the resident was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #245 had a diagnosis of end stage renal disease (a chronic condition that occurs when the kidneys can no longer filter waste from the blood and requires long-term dialysis). She had a BIMS score of 14, which indicated her cognition was intact. The MDS reflected Resident #245 received dialysis. Record review of Resident #245's care plan, dated 01/07/25, reflected Resident #245 needed hemodialysis (medical procedure that filters blood to remove waste and extra fluid when the kidneys are no longer functioning properly) rule out renal failure. The goals reflected Resident #245 would have no signs of complication from dialysis through next review date. The care plan interventions included: Encourage resident to go for the scheduled dialysis appointments. Resident receives dialysis. Check and change dressing daily at access site. Record review of Resident #245's January 2025 physician's order reflected Check Bruit &Thrill every Shift, notify provider if not palpable every shift for dialysis site Tuesday, Thursday, and Saturday every shift. Record review of Resident #245's EHR reflected nursing documentation regarding Resident #245's pre- and post-dialysis vital signs but missed any communication from dialysis center. Record review of Resident #245's dialysis communication forms for 01/07/25 to 01/24/25 reflected dialysis communication form dated 01/07/25, 01/11/25, 1/16/25 and 01/18/25 all the other dialysis dates of the month of January 2025 were missing communication forms totaling to 4 days in January 2025 on the following days: 01/09/25, 01/14/25, 01/21/25, and 01/23/25. Interview on 01/21/25 at 12:35 PM with Resident #26 revealed she went for dialysis Tuesday, Thursday, and Saturday. She stated she got a form that she took to dialysis and brought back to the facility, but she stated she was not sure whether she brought the form back to the facility after dialysis. She stated she got checked for her vital signs when she left for dialysis and when she came back from dialysis. Interview on 01/22/25 at 8:29 AM with Resident #245 revealed she went for dialysis Tuesday, Thursday, and Saturday. She stated she got a form that she took to dialysis and brought back to the facility in her bag, but she stated she was not sure whether the staff took the communication form from her bag. She stated her vital signs were checked when she left for dialysis and when she came back from dialysis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 01/22/25 at 3:03 PM with RN E revealed she was aware she was supposed to send Resident #26 and Resident #245 with the dialysis communication form when they left for dialysis and then collect the form when the resident's returned from dialysis. RN E stated she knew she was supposed to monitor the dialysis access site for the bruit thrill (a vibration caused by blood flowing through the fistula and can be felt by placing fingers just above incision line), dressing for bleeding and vital signs when Residents #26 and Resident #245 were back from dialysis which she does and document in the progress notes. She stated it was all nurse's responsibility to collect the dialysis communication forms when Resident #26 and Resident #245 came back and filed them. RN E stated they were supposed to call the dialysis clinic and follow up if communication forms were not sent back with residents. She stated failure to follow up on the communication form after dialysis was completed could cause them to miss the orders and recommendations from dialysis center. She stated she had done trainings on dialysis communication form, but she could not recall when. Interview on 01/23/25 at 12:40 PM with the ADON revealed the nurses were supposed to fill out the forms with the residents' pre-dialysis vitals, and the form would be taken to dialysis by Resident #26 and Resident #245. She stated she expected the nurses to collect the form after dialysis, perform vital signs, and document on electronic health records and put the communication forms on the binders. She stated the importance of the communication form was communication between the facility and dialysis center on new orders, treatment given, and any change of condition. She stated she had checked on the binders and had noticed the communication forms were missing after the surveyor brought it to her attention. She stated she talked to Resident #26 and Resident #245, and they told her they turned the communication forms into the dialysis center, and they do not bring them back. She stated she was responsible on ensuring nurses were completing the forms, monitoring vitals pre and post dialysis. She stated she could not recall the last time she checked the binders, but she checked on 01/23/25 after she was notified the communication forms were missing. She stated she checked on health records and the nurses were documenting the vitals pre and post dialysis. She stated admitting nurses were responsible of putting orders for monitoring pre and post-dialysis, and it was her responsibility and the DON to go through the orders and ensure none were missing. She stated the risk of not having the communication form brought back from dialysis was omission of orders. Interview on 01/24/25 at 11:23 AM with the Corporate Nurse revealed her expectation was for the nurses to send Resident #26 and Resident #245 with a communication form and get it when back from dialysis. She stated post-dialysis assessments should be documented in electronic health records. She stated she also expected the facility to have orders for pre and post dialysis. She stated the failure to collect the forms back from dialysis were they could miss important orders from dialysis. She stated the DON was responsible of following up to ensure all orders were in place and the staff were getting the communication forms back from dialysis. She stated she would check whether the facility had done training with staff and provided a record dated 01/23/25 on dialysis protocol that addressed dialysis communication forms and monitoring before and after dialysis. Record review of the facility's Dialysis Protocol policy, dated 05/17/24, reflected the following: .2. Implement dialysis communication regarding plan of care. 3. Auscultate shunt site for presence or absence of thrill and bruit-if absent notify doctor immediately. 4. Monitor site for s/s of infection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42859 Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident on one of three medication carts (200) and 2 of 19 residents (Residents #1, #3, and #190) reviewed for pharmacy services. 1. The facility failed to ensure the 200 Hall nurses' medication cart contained accurate narcotic logs for Resident #1 and #3. 2. The facility failed to ensure Resident #190's physician order for Lomotil was followed when Hospice Nurse G faxed the order on 01/20/25 to the facility, and it was not put in the system until 01/22/25. These failures could place residents at risk for medication errors, drug diversion, and delay in medication administration. Findings included: 1. Record review of Resident# 1's Quarterly MDS Assessment, dated 01/08/25, reflected the resident was [AGE] year-old female readmitted to the facility on [DATE] with original admission on 02/18/2020, with diagnoses that included anxiety disorder (excessive and uncontrollable feelings of fear and anxiety). The resident had intact cognition with a BIMS score of 15. Record review of Resident #1's physician's orders undated reflected an order for the resident to receive Xanax Oral Tablet 0.25 MG (Alprazolam) Give 1 tablet by mouth every 8 hours related to anxiety disorder, (administer only at 2am, 10am, and 6pm as per resident request). Record review of Resident# 3's Quarterly MDS assessment, dated 10/21/24, reflected the resident was [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included pain. The resident had intact cognition with a BIMS score of 14. Record review of Resident #3's physician orders dated 06/04/24 reflected an order for the resident to receive Tylenol with Codeine #3 Oral Tablet 300-30 mg (Acetaminophen w/Codeine) Give 1 tablet by mouth every 4 hours, as needed for pain. Observation and record review on 01/22/25 at 01:57 PM of 200 Hall nurses' medication cart and the Narcotic Administration Record, with LVN A, revealed Resident #1's Narcotic Administration Record for Xanax 0.25 mg reflected a total of 18 pills remaining, while the blister pack count was 19 pills. It was last administered on 01/22/25 at 10:00 AM. It also revealed Resident#3's Narcotic Administration record Tylenol with Codeine #3 Oral Tablet 300-30 mg reflected a total of 15 pills remaining, while the blister pack count was 17 pills. Last administered on 01/22/25 at 1:28 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with LVN A on 01/22/25 at 2:17 PM revealed she administered Xanax 0.25 mg 1 tablet to Resident #1 at 10:00 AM, Tylenol with codeine 300-30 mg2 tablets to Resident #3 as needed every 4 hours, and she had not signed off on the narcotic administration record log. She stated she gave the residents the medication, but she forgot to sign off on the narcotic administration log. She stated she knew she was supposed to sign-out on the narcotic count sheet after administration and on the Medication Administration Record, but she did not. LVN A stated the failure to log off could lead to overdose since the person that came after her would not be able to tell when the narcotic was administered. She stated she had done an in-service on Medication administration. In an interview on 01/22/25 at 3:48 PM, the ADON stated her expectation was for staff administering narcotic medications to document the medications when they were given to the resident on the medication administration record and to sign on the narcotic log. The ADON stated failure to document could lead to drug diversion and overdose. She stated it was her responsibility to audit the medication carts daily. Interview on 01/24/25 at 11:38 AM, the Corporate RN revealed her expectation was for staff administering narcotic medications to document the medications when they were given to the resident on the medication administration record and to sign on the narcotic log. The Corporate RN stated failure to document could lead to overdose and effect on resident management. She stated it was the responsibility of the DON and the ADONs to audit the medication carts. She stated she will check on facility training records and none was provided. Record review of facility policy entitled Medication Administration , dated 07/08/24, reflected the following: did not address the narcotic administration record. 2. Record review of Resident #190's Admission Record, dated 01/24/25, reflected she was an [AGE] year-old female who originally admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #190's Annual MDS Assessment, dated 12/28/24, reflected she had a BIMS score of 5 indicating severe cognitive impairment. Her diagnoses included heart failure (where the heart cannot keep up with its workload), hypertension (high blood pressure), and Alzheimer's disease (a neurological disorder that causes irreversible changes in memory, thinking, and behavior). Record review of Resident #190's January Order Summary Report reflected an order of Lomotil Tablet 2.5-0.025 MG (Diphenoxylate-Atropine), Give 2 tablet by mouth every 6 hours for diarrhea give 2 tablet until diarrhea resolve [sic] with an order date of 01/22/25. There was no evidence of a PRN order for the Lomotil as of 01/20/25. Record review of Resident #190's Medication Administration Record for January 2025 reflected Resident #190 received the Lomotil medication starting in the afternoon on 01/22/25. There was no additional orders or administrations for Lomotil. Record review of a faxed order, dated 01/20/25, for Resident #190 from Hospice Agency H reflected: Lomotil; 2 Tablet ORAL 4 times a day As Needed for Diarrhea (2.5-0.025 MG Tablet); 2 tablets orally every 6 hours as needed for diarrhea. The order was signed by Hospice Nurse G. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 01/22/25 at 11:00 AM with Resident #190 revealed she was in her bed in her room, dressed and groomed. Resident #190 said she had not been having any diarrhea and was doing great. Resident #190 said she was getting all her medications as far as she knew. Interview on 01/22/25 at 3:43 PM with Hospice Nurse G revealed she was told on Monday that Resident #190 had been having diarrhea for four days. Hospice Nurse G said the facility was not giving Resident #190 her anti-diarrhea medicine as it was ordered so she changed the order. Hospice Nurse G said she had faxed an order on Monday to the facility that was PRN, but it was changed today (01/22/25) to be given on a routine basis instead. Interview on 01/23/25 at 10:28 AM with RN H revealed Resident #190 did have some diarrhea but it was getting better. RN H said she thought the order for the anti-diarrhea medicine came on Monday, but she was not sure. RN H said the anti-diarrhea medicine was supposed to be PRN but was changed to be routine . Interview on 01/24/25 at 10:17 AM with the ADON revealed she was told Resident #190's Hospice Nurse had faxed orders over for Lomotil instead of giving the order directly to the nurse to treat Resident #190's diarrhea. The ADON said she would have to check to see if anyone ever saw the order or not and would follow-up once she found out what happened. Interview and record review on 01/24/25 at 11:40 AM with the ADON revealed she saw the order for Resident #190 still sitting on top of the fax machine. The ADON brought the faxed order for the Lomotil which showed an order date of 01/20/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32227 Based on interview and record review, the facility failed to ensure when the pharmacist reported any irregularities to the attending physician and the facility's medical director and director of nursing, these reports were acted upon for 3 of 5 residents (Residents #35, #44, and #39) reviewed for medication regimen review. 1. The facility's failed to ensure the Pharmacist Consultant recommendation for Residents #35's antipsychotic medication, Quetiapine Fumarate (Seroquel), were was reviewed by the physician for the identified irregularities. 2. The facility's failed to ensure the Pharmacist Consultant recommendation for Residents #44's antipsychotic medication, Quetiapine Fumarate (Seroquel), were was reviewed by the physician for the identified irregularities. 3. The facility failed to ensure the pharmacy consultant recommendation was sent to the physician for review for Resident #39's psychotropic medication, duloxetine (Cymbalta). These failures could place residents at risk for medication errors, unnecessary medications, and incorrect administration. Findings included: 1. Record review of Resident #35's Quarterly MDS Assessment, dated 01/03/25, reflected the resident was a [AGE] year-old male admitted to the facility on [DATE], with diagnoses that included Post Traumatic Stress Disorder (mental health condition that can develop after someone experiences or witnesses a traumatic event). The resident had moderate cognitive impairment with a BIMS score of 09. Record review of Resident #35's care plan, dated 10/22/24, reflected Resident #35 had a mood problem had diagnosis of post-traumatic stress disorder. The goals: - Resident #35 will have improved mood state through the review date. Interventions: -Administer medications as ordered. Monitor/document for side effects and effectiveness. Record review of Resident #35's physician's orders dated 09/24/24 reflected an order for the resident to receive Quetiapine Fumarate Oral Tablet 25 MG Quetiapine Fumarate). Give 1 tablet by mouth every 24 hours as needed for agitation. Give medication at bedtime. Record review of Resident #35's Medication Regimen Record review, dated October 2024, reflected Please ensure there is an informed consent 3713 form provided by health and human services. Resident [has] an order for quetiapine, prn orders for antipsychotic drugs are limited to 14 days. [if]he briefs it need to be extended, [he] beyond 14 days patient must be seen and evaluated by provider and a new order written every 14 days. Recommendation of the Quetiapine for 14 days prn to be extended beyond 14 days. Resident to be reviewed and order written every 14 days." (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #35's Medication Regimen Record review, dated November 2024, reflected Please ensure there [is] an informed consent 3713 form provided by health and human services. Resident [has] an order for quetiapine, prn orders for antipsychotic drugs are limited to 14 days. [if] [he] briefs it need to be extended, [he] beyond 14 days patient must be seen and evaluated by provider and a new order written every 14 days. Recommendation of the Quetiapine for 14 days prn to be extended beyond 14 days. Resident to be reviewed and order written every 14 days. Record review of Resident#35 Medication Regimen record review for October 2024 and November 2024 revealed that the Medication Regimen Records were not reviewed by the physician. There was no documentation reflecting the physician indicated he agreed with or declined with the recommendation. 2. Record review of Resident# 44's Quarterly MDS Assessment, dated 12/12/24, reflected the resident was an [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included unspecified dementia, severe, with other behavioral. The resident had severe cognitive impairment with a BIMS score of 00. Record review of Resident #44's care plan, dated 11/30/24, reflected Resident #44 had a behavior problem rule out dementia (agitation including verbal and physical aggression, wandering, and hoarding), is verbally and physically aggressive at times. The goals: - Resident #44 will have fewer episodes of verbal and physical behaviors by review date. Interventions: -Administer medications as ordered. Monitor/document for side effects and effectiveness. Record review of Resident #44's physician's orders dated 11/19/24 reflected an order for the resident to receive Quetiapine Fumarate Oral Tablet 50 MG (Quetiapine Fumarate). Give 1 tablet by mouth at bedtime for sleep. Record review of Resident #44's Medication Regimen Record review, dated November 2024, reflected Please ensure there is an informed consent 3713 form provided by health and human services. Record review of Resident#44 Medication Regimen record review for November 2024 revealed that the Medication Regimen Records were not reviewed by the physician. There was no documentation reflecting the physician indicated he agreed with or declined with the recommendation. During an interview on 01/23/25 at 11:19AM with RN E she stated she was aware Resident#35 and #44 were receiving antipsychotic medication. She stated the doctor gives the orders, and the nurses were responsible of getting the consent form signed by either the patient or family member and the consent form is kept on residents' folders or scanned to electronic health records. During an interview on 01/24/25 at 10:12 AM the ADON acknowledged that there were orders for Resident #35's Quetiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) and Resident #44 Quetiapine Fumarate Oral Tablet 25 MG. The ADON stated Resident#35 and Resident#44 were supposed to have signed a form for antipsychotic medications. She stated the form was supposed to be filled by the DON and put in the file. She could not tell what form it was. She brought the company consent form and the 3713 form and stated the 3713 was the one recommended but both residents did not have one. She stated Resident #35 PRN Quetiapine orders was supposed to be addressed as per the pharmacist's recommendation. She stated it was the DON's responsibility to review the Pharmacist recommendation and ensure the doctor reviewed them and recommendations were taken care of. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/24/25 at 10:49AM with the Corporate RN, she stated pharmacist's recommendations were supposed to be reviewed by the DON and the attending physician. She stated she had contacted the DON who was admitted at the hospital, and she stated she could not find the physician review and recommendation forms. She stated she could find the consents, but they were the wrong forms that were used. She stated they were supposed to fill form 3713 as per the recommendation of the pharmacist and the physician was supposed to review the PRN orders for Resident#35 and either discontinue or write another order. She was asked of the risk and she stated it was not their facility policy to put residents on PRN antipsychotic. 3. Record review of Resident #39's MDS dated [DATE] reflected the resident was an an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included stroke, depression, bipolar disorder, and obstructive sleep apnea (a sleep disorder characterized by repeated episodes of complete or partial blockage of the upper airway during sleep). Resident #39 had a BIMS score of 14, indicating her cognition was intact. The MDS further indicated she was taking an antidepressant. Record review of Resident #39's care plan initiated on 06/20/24 reflected Resident #39 used anti-depression medication related to depression. Interventions included to administer the medication as ordered by the physician. Record review of Resident #39's pharmacy recommendation dated 11/25/24 reflected the following: .Resident is receiving the following psychoactive medications that are due for review. Per CMS regulations, please evaluate resident for trial dose reduction. Duloxetine 60mg QDay --> Duloxetine 30mg QDay If dose reduction is contraindicated or resident failed previous reduction attempt please document below Record review of Resident #39's clinical record reflected the recommendation had not been acted on or reviewed by the physician. Interview on 01/24/25 at 1:52 PM with the ADON revealed the DON was responsible for the pharmacy recommendations and she was not sure why the recommendation has not been acted on and sent to the physician for review. The ADON said the DON was on medical leave at the time of the survey. Record review of the facility's Medication Regimen Record Review effective 10/01/18 reflected the following: Policy The consultant pharmacist performs a comprehensive of each resident's medication regimen (MRR) at least monthly. The MRR includes the evaluation of the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functioning while preventing or minimizing adverse consequences related to medication therapy. Findings and recommendations are reported to the director of nursing, the attending practitioner, and the medical director. Record review of facility Psychotropic Management policy dated 01/11/22 reflected the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	.2.d. Consent should be obtained and documented on Texas Health and Human Services 3713, or most current form, as soon as possible. 3. PRN Antipsychotic and PRN Psychotropic medications- a. Any as needed use of an antipsychotic can only be authorized for 14 days. These orders cannot be renewed unless the attending physician or prescribing practitioner evaluate the resident for the appropriateness of that medication. A new order for prn anti-psychotic will be required to be written every 14 days. 42859

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42859 Based on interview and record review, the facility failed to ensure that PRN orders for antipsychotic drugs were limited to 14 days and could not be renewed, unless the attending physician or prescribing practitioner evaluated the resident for the appropriateness of the medication and resident's drug regimen was free from unnecessary drugs, to include adequate indications for its use for 2 of 2 residents (Residents #35 and #44) reviewed for unnecessary medications. 1. The facility failed to ensure Resident #35's PRN order for Seroquel (Quetiapine Fumarate) , an antipsychotic medication, did not extend beyond 14 days without an identified end date. 2. The facility failed to ensure Resident #44 did not receive the antipsychotic medication Seroquel (Quetiapine Fumarate) for sleep. This failure could place residents at risk for receiving unnecessary medications and adverse drug reactions. Findings included: 1. Record review of Resident# 35's Quarterly MDS Assessment, dated 01/03/25, reflected the resident was a [AGE] year-old male admitted to the facility on [DATE], with diagnoses that included post-traumatic stress disorder (mental health condition that can develop after someone experiences or witnesses a traumatic event). The resident had moderate cognitive impairment with a BIMS score of 09. Record review of Resident #35's care plan, dated 10/22/24, reflected Resident #35 had a mood problem and had a diagnosis of post-traumatic stress disorder. The care plan reflected the goals were [Resident #35] will have improved mood state through the review date. Interventions: -Administer medications as ordered. Monitor/document for side effects and effectiveness. Record review of Resident #35's physician's orders dated 09/24/24 reflected an order for the resident to receive Quetiapine Fumarate Oral Tablet 25 mg (Seroquel). Give 1 tablet by mouth every 24 hours as needed for agitation. Give medication at bedtime. Record review of Resident #35's September 2024 MAR revealed he received it on 09/25/24. Record review of Resident #35's November 2024 MAR revealed he received it on 11/10/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/24/25 at 10:12 AM the ADON acknowledged that the order for Resident #35's Quetiapine Fumarate Oral Tablet 25 mg PRN had been in the MAR since September 2024. The ADON stated Resident#35 was supposed to be on prn antipsychotic medication for 14 days and then discontinued or the doctor to review and decide whether to continue. She stated it seemed the resident admitted with the prn medication. She stated the admitting nurses put the orders in the electronic records and it was the DON and the ADON's responsibility to follow up the following day and she thought they missed the orders to make sure the residents who were on PRN antipsychotic medications were assessed every 14 days for the resident to continue with the medication. The ADON stated they have already called the resident's primary care provider to inform them of the need for the medication to be reviewed. She stated the doctor issued an order to reduce the order to 12.5mgs and then discontinue . She was not asked how the failure would affect the resident. In an interview on 01/24/25 at 10:49 AM with the Corporate RN, she stated all PRN Psychotropic medications were supposed to be re-evaluated every 14 days by the resident's primary care provider and determine if the resident was to continue with the medication . She was asked but she could not answer. She stated it was not facility policy to put resident on antipsychotic medication. In an interview on 01/24/25 at 12:18 PM with the NP, she stated Resident #35 was not supposed to be on PRN antipsychotic medication. She was not aware he was on PRN medication, and she did not prescribe the antipsychotic medications, but the doctor did. She could not say the effect unless she saw the file for the resident. Interview on 01/24/25 at 12:19 PM with doctor was attempted by phone with no response and voice mail was left. 2. Record review of Resident# 44's Quarterly MDS Assessment, dated 12/12/24, reflected the resident was an [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included unspecified dementia, severe, with other behaviors. The resident had severe cognitive impairment with a BIMS score of 00. Record review of Resident #44's care plan, dated 11/30/24, reflected Resident #44 used the antipsychotic medication, Seroquel. The care plan reflected the goals were: [Resident #35] will reduce the use of psychotropic medication through the review date. Interventions: - Administer psychotropic medications as ordered by the physician. Monitor for side effects and effectiveness every shift. Record review of Resident #44's physician's orders dated 11/19/24 reflected an order for the resident to receive Quetiapine Fumarate Oral Tablet 50 mg (Seroquel). Give 1 tablet by mouth at bedtime for sleep. In an interview on 01/23/25 at 1:03 PM with the MDS Coordinator, she stated she prepared the care plan for Resident#44, and she was not supposed to be on an antipsychotic Quetiapine Fumarate for sleep. She stated Resident #44 had a diagnosis of Alzheimer disease and dementia , but the resident was not supposed to be on an antipsychotic. She stated she did not know of the risk associated with Resident #44 receiving these medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/24/25 at 10:12 AM with the ADON revealed she acknowledged the order for Resident #44's Quetiapine Fumarate Oral Tablet 50 mg for sleep. She stated the nurses put the orders in the electronic records and it was the DON and the ADON's responsibility to follow up the following day and she thought they missed the order to make sure the residents who were on antipsychotic medications were for the right diagnosis. The ADON stated they had already called the resident's primary care provider to inform them of the need for the medication to be reviewed. She stated the the resident would be sleeping alot. Interview on 01/24/25 at 10:49 AM with the Corporate RN revealed her expectation was the facility could have used other alternative medication for sleep rather than Quetiapine Fumarate. She stated the ADON, and the DON could have caught it and notified the doctor for an alternative. She stated Quetiapine Fumarate was for resident with schizophrenia and not a choice for Resident #44 who had dementia and Alzheimer. She stated the risk of Resident#44 using Quetiapine Fumarate would be fatigue. She was not asked how the failure would affect the Resident #44 Interview on 01/24/25 at 12:14 PM with the NP revealed Resident #44 was not supposed to be on antipsychotic medication for sleep. She was aware she had diagnosis of dementia with behaviors, and she did not prescribe the antipsychotic medications, and if they admit with an antipsychotic, she did refer residents to be evaluated by a psychiatrist. She stated she did not belief it was meant for sleep since she had a diagnosis of dementia with behaviors. She was not asked on how the medication would affect the resident. Interview on 01/24/25 at 12:43 PM with the Physician was attempted; however, the attempt was unsuccessful with no return call. Record review of the facility's Psychotropic/Psychoactive Medication policy dated 12/09/24 reflected the following: .1. Resident will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective . Record review of the facility's Psychotropic Management policy dated 01/11/22 reflected the following: .3. PRN Antipsychotic and PRN Psychotropic medications- a. Any as needed use of an antipsychotic can only be authorized for 14 days. These orders cannot be renewed unless the attending physician or prescribing practitioner evaluate the resident for the appropriateness of that medication. A new order for prn anti-psychotic will be required to be written every 14 days . Record review of the Seroquel: Package Insert/Prescribing Info last updated 01/30/24 reflected the following: Highlights of Prescribing Information . Warning: Increased Mortality in Elderly Patients with Dementia-Related Psychosis; and Suicidal Thoughts and Behaviors (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	.Indications and Usage for Seroquel Seroquel is an atypical antipsychotic indicated for the treatment of: - Schizophrenia - Bipolar I disorder mania episodes - Bipolar disorder, depressive episodes .5. Warnings and Precautions 5.1 Increased Mortality in Elderly Patients with Dementia-Related Psychosis Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death .Seroquel is not approved for the treatment of patients with dementia-related psychosis .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42859 Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored securely for 1 of 25 residents (Resident #45) and had acceptable labeling for 2 of 4 medication carts (medication cart for Halls 200 and 300) reviewed for labeling and storage. 1. The facility failed to ensure Resident #45's 1 bottle of thymus 300 capsules, 1 bottle of thyroid 130 capsules, 1 bottle of Advil 200 mg, and 1 bottle of Tylenol 500 mg stored at the resident's bedside table were locked in a lock box or secured in the medication cart or medication room. 2. The facility failed to ensure insulin vials were dated after they were opened. This failure could place residents at risk of not receiving the therapeutic dose of medication. Findings included: Record review of Resident# 45's Quarterly MDS Assessment, dated [DATE], reflected the resident was an [AGE] year-old male admitted to the facility on [DATE], with diagnoses that included cancer (with or without metastasis) (when cancer spreads beyond the place where it started to other areas of your body). The resident had moderate cognitive impairment with a BIMS score of 10. Record review of Resident #45's care plan, dated [DATE], reflected Resident #45 was on pain medication therapy to rule out cancer, pathological fracture in neoplastic disease (abnormal growths of cells or tissues that can invade and spread to other parts of the body), or wedge compression fracture of third lumbar vertebrae. The goals: - Resident #45 will be free of any discomfort or adverse side effects from pain medication through the review date. Interventions: - Administer analgesic medications as ordered by physician. Monitor/document side effects and effectiveness every shift. Record review of Resident #45's physician's orders dated [DATE] reflected an order for the resident tramadol HCl Oral tablet 50 mg (Tramadol HCl) Give 50 mg by mouth every 6 hours as needed for Pain. Record review of Resident #45's physician's orders dated [DATE] reflected an order for the resident to Acetaminophen tablet 325 mg give 2 tablet by mouth every 4 hours as needed for general discomfort/pain. Observation and interview on [DATE] at 12:23 PM revealed Resident #45 with 1 bottle of thymus 300 capsules, 1 bottle of thyroid 130 capsule, 1 bottle of Advil 200mgs, and 1 bottle of Tylenol 500 mg stored at the resident's bedside table. Resident #45 stated, he used the thymus and thyroid capsules before meals and Advil and Tylenol he took when in pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview with RN E on [DATE] at 12:48 PM, who was the charge nurse for Hall 500, revealed she was aware the medications were in the room. She stated when the resident was admitted he was assessed for self-administration and was doing it but recently his cognitive status had changed. RN E stated she had checked on Resident#45's records and there was no assessment of self-administration and he had not been care planed for self-administration. RN E stated they did not have a resident who self-administered medications at the facility. RN E stated Resident #45 did not have an order for thymus 300 capsule, thyroid 130 capsule, Advil 200mgs, and Tylenol 500mgs and having the medication in his possession placed him at risk of overuse of the medication or adverse reactions and other residents could get them. RN E stated it was the responsibility of all nursing staff to remove any medications from the resident's bedside. She stated she had done training on medication in rooms, but she could not tell when. Observation on [DATE] at 1:57 PM of the medication cart for Hall 200, with LVN A revealed 1 insulin pen, (basaglar is a long-acting insulin used to control high blood sugar) was opened, partially used, and not labeled with the open date. Interview on [DATE] at 2:05 PM with LVN A, who was the charge nurse for Hall 200, revealed she knew insulin pens were supposed to be dated once they were opened or after they were removed from the refrigerator and placed on the cart. She stated she knew she was supposed to check her cart to ensure insulins were labeled and dated but she did not check that morning. She stated the risk of administering insulin when not dated was they might have expired and would not be effective. She stated she had done training on labeling and dating the insulins. Observation on [DATE] at 2:23 PM of the medication cart for Hall 300 with LVN C revealed 2 insulin pens, glargine flex pen insulin injection and insulin Tresiba flex pen, were opened, partially used, and not labeled with the open date. Interview on [DATE] at 2:28 PM with LVN C, who was the charge nurse for Hall 300, revealed she knew insulin pens were supposed to be dated once they were opened or after they were removed from the refrigerator and placed on the cart. She stated she knew she was supposed to check her cart to ensure insulins were labeled and dated but she had checked and missed the 2 vials. She stated the risk of administering insulin when not dated was they might have expired and would not be effective. She stated she had done training on labeling and dating the insulins. Interview on [DATE] at 3:45 PM with the ADON revealed it was her expectation that staff date the insulin pens once they pulled them from the refrigerator. She stated it was also the responsibility of the staff to check daily on the expiration dates and labelling. She stated if the staff were not putting the opened dates on the insulin pens and vials that required an open date it placed residents at risk of not getting required therapy. The ADON stated it was her responsibility to audit the carts and the last time she audited was in December. She also stated she expected the nurse to sign off narcotics on the narcotic administration log once they were administered. She stated the risk would be overdose and drug diversion. She stated she was supposed to check the narcotic logs every day and the last time she had checked was [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on [DATE] at 3:51 PM with the ADON revealed it was all nursing staff's responsibility to ensure there were no medications in the residents' rooms. They were supposed to notify the ADON and the DON. She stated at one-point there was confusion on Resident#45 because at first, he was care planned for self-administration and when his cognition status changed, he was not able to self-administer. She stated that was one year ago when the previous DON was in the facility. She stated it was an oversight because when he started declining the medications were supposed to be removed from his room. She stated an assessment of self-administration was supposed to be done for him to have medications in the room but at this time they could not do the assessment, he could not pass. She stated the risk for Resident#45 having medications in the room was he could overdose, the roommate could take them and other wandering residents. She stated she was not sure whether facility had done training on medications in residents' rooms. Interview on [DATE] at 11:38 AM with the Cooperate RN revealed residents were not supposed to have medication of any kind in their rooms unless they were assessed and were found to be safe with self-administration and there was a doctor's order to self-administer. She stated her expectation was staff were to remove medications from the rooms. The Corporate RN stated residents having medications in their rooms put them at risk of over medicating and other residents could get ahold of them. She stated she also expected staff to label insulin with an opening date once they opened and to check carts for dates and labeling every shift. She stated the risk was they could be expired and if administered they would not be effective. She stated she was not sure whether the facility had done training on labeling and putting an opening date. The Corporate RN stated her expectation was if nurse administered narcotics, they should sign off on the narcotic administration log. She stated the risk of not signing off was an overdose and effect on resident's management. She stated the ADON and the DON were responsible for auditing the carts for labeling and opening dates and on narcotic logging of after administration. Record review of the facility's Administering Medication policy, dated [DATE], reflected: .12 .when opening a multi-dose container, the date opened is recorded on the container . Record review of the facility's policy Storage of Medication, dated [DATE], reflected: Medications and biologicals used in the facility are stored in locked compartments under proper temperatures, lights, and humidity controls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 41781 Based on observation, interview, and record review, the facility failed to ensure the facility provided food that was palatable, for 1 of 3 observed meals (the lunch meal on 01/22/25) reviewed for dietary services. The facility failed to serve food that had a smooth, puddling like texture during the lunch meal on 01/22/25. This failure could affect residents by placing them at risk of weight loss, altered nutritional status, and a diminished quality of life. Findings included: Observation on 01/22/25 at 10:00 AM of the kitchen revealed [NAME] F was boiling spaghetti pasta on the stove and after being fully cooked, she added them to the machine to puree the food. [NAME] F pureed the cooked pasta, but it still had bits of pasta in it and was not smooth or pudding like. A sample tray was requested and tasted on 01/22/25 at 1:45 PM with three state surveyors and the DM. The tray that was tasted included pureed spaghetti meat sauce, pureed bread, pureed vegetables, and pureed pasta. The pureed pasta was chunky with pieces of cooked pasta chunks in it; it did not have a smooth or pudding like texture . Interview on 01/22/25 at 1:47 PM with the DM revealed the noodles were very chunky and had pieces of pasta leaving it not smooth or puddling like. The DM said [NAME] F was responsible for making the pureed pasta today for the lunch meal and she should have used a different type of pasta. The DM said [NAME] F was nervous and used regular spaghetti pasta instead of egg noodle pasta that she would normally use for pureed pasta since they were easier to puree. The DM said she did not check the texture of the pureed pasta and normally did not check the texture of pureed food items. The DM said residents could choke if the pureed food item was not the right texture. The DM said each pureed food item should be smooth and puddling like. Record review of a list of residents who were ordered a pureed diet revealed nine total residents. Record review of a menu, dated 01/14/25, and titled Diet Extension: Wednesday, Week 4 [Facility Name] [City Initials] 2024 5Wk [sic] reflected for the Regular/Puree Lunch meal was: Meatballs w/Spaghetti Sc, Spaghetti Noodles, Italian Bld Veg, Herb Butter Roll, Cheesecake Bar. Record review of the facility's Food and Nutrition Services policy, dated 06/12/24, reflected: .7. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675703	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Rehabilitation and Healthcare Center	3315 Cross Timbers Rd Flower Mound, TX 75028

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32227 Based on observation, interview, and record review, the facility failed to ensure resident rooms were adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for 1 of 19 residents (Resident #39) reviewed for resident call system. The facility failed to ensure Resident #39 had a working call light. This failure could have placed residents at risk of being unable to obtain assistance when needed. Findings included: Record review of Resident #39's MDS dated [DATE] reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included stroke, depression, bipolar disorder, and obstructive sleep apnea (a sleep disorder characterized by repeated episodes of complete or partial blockage of the upper airway during sleep). Resident #39 had a BIMS score of 14, indicating her cognition was intact. Record review of Resident #39's care plan initiated on 10/25/24 reflected the resident had an ADL self-care performance deficit related impaired balance. Interventions included to encourage the resident to use bell to call for assistance. Observation and interview on 01/21/25 at 2:14 PM of Resident #39 revealed she was lying in bed and had just finished breakfast. The resident said she had recently been moved to that room the night prior and she said she did not think her call light was working because she had pushed it for someone to pick up her lunch tray and no one had been in yet. The resident was asked to push the call light again and the light did not turn on outside of the room. Resident #39 further stated she would like her call light to work in case she needed something or assistance. Interview on 01/21/25 at 2:17 PM with the Maintenance Director revealed he was not aware the call light was not working. The Maintenance Director pushed the call light himself and it did not work. He said it appeared he needed to replace the cord. Record review of the facility's Resident Call System policy, dated October 2022, reflected the following: Policy Residents are provided with means to call staff for assistance through communication system that directly calls a staff member or a centralized workstation .3. The resident call system remains functional at all times