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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675975 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>11/21/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Village Creek Rehabilitation and Nursing Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>705 N Main St<br>Lumberton, TX 77657 |                                              |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG                                                                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                    |
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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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Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>11/21/2025 |
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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure residents received adequate supervision and assistance devices to prevent accidents for 1 of 2 residents (Resident #1) reviewed for accidents. The facility failed to provide adequate supervision with Resident #1 on 08/11/2025 while completing perineal care in bed. CNA A provided perineal care and Resident #1 rolled off the bed to the floor. Resident #1 initially complained of pain in his right arm after this fall. Resident #1 was sent to the hospital for further evaluation on 08/11/2025. The noncompliance was identified as past noncompliance. The Immediate Jeopardy began on 8/11/2025 and was removed on 08/11/2025. The facility corrected the noncompliance before the investigation began. These failures placed residents at risk for hospitalization, harm and serious injury. Findings included: Record review of Residents #1's face sheet reflected a [AGE] year-old male with an admission date of 5/05/2025. Resident #1's diagnoses included morbid obesity, need for assistance with personal care, and lack of coordination. Record review of Resident #1's Optional State Assessment MDS, dated [DATE], indicated Resident #1 had a BIMS score of 12 (moderate cognitive impairment). It indicated under functional status; his bed mobility was a number 3 (2 + persons physical assist). Record review of Resident #1's Care Plan Report dated 04/07/2025 indicated, The resident is at risk for falls. This care plan did not specify how many staff were to assist the resident. Record review of Resident #1's order summary, dated 11/19/2025, indicated a pressure redistribution mattress to bed every shift with a start date of 12/17/2024. Record review of the Provider Investigation report, dated 08/15/2025, indicated on 08/11/2025 the resident was receiving care from the CNA, who reported that peri-care had been nearly completed, and a clean brief was being applied when the resident unexpectedly rolled out of bed. The CNA immediately called for assistance. The charge nurse responded promptly. The resident was found lying on his abdomen, face forward on the floor. A head-to-toe assessment was conducted, and vital signs were obtained. No visible skin abnormalities were noted, and vital signs were within normal limits. With the assistance of two staff members and a (name of brand) lift, the resident was safely transferred back to bed. At that time, the resident voiced pain in his right arm. A PRN dose of Tylenol was administered for discomfort. The physician was notified of the fall. Orders were received for X-rays of the skull, right knee, bilateral (both sides) tibia/fibula (lower legs), bilateral shoulders and arms, right ribs, and both feet. The resident's [family member] was contacted by both the charge nurse and the DON. The [family member] consented for the resident to remain in the facility for X-ray imaging. X-ray results were received, showing acute fractures of the right 5th and 6th ribs. The [family member] was notified of the results and requested the resident be sent to the hospital for further evaluation. The resident was transferred to (hospital name) in (name of city), TX. Approximately six hours later, the resident returned to the facility. Hospital documentation indicated no fractures but confirmed osteoporosis. Both the physician and the resident's [family member] were updated accordingly. Record review of the mobile x-ray radiology interpretation, dated 08/11/2025, indicated .the acute right 5th and 6th rib fracture is present. No other fractures were mentioned in this report. Record review of hospital record diagnostic imaging report, dated 08/11/2025, did not state whether there were rib fractures or not. It stated the resident was there for bilateral knee pain and pain after fall, and pain after trauma. The x-rays provided stated no acute findings for chest, spine, head, and knees. Record review of the Medical Director's statement dated 11/20/2025 revealed he reviewed the hospital x-rays and there were no findings of rib fractures. In an interview on 11/19/2025 at 9:54 AM and 11/21/2025 at 9:13 AM with CNA A, it was revealed he changed Resident #1 by himself, and he rolled off the bed. He is a big boy and does not normally inch to either side. He stated he gained no injuries, that I know of. He stated, I heard he was really sore the next day. CNA A stated he was suspended immediately after the fall. He stated at the time the Kardex (electronic health record section that includes how residents are assisted) had Resident #1 as one assist for bed mobility. After the fall, everyone was re-trained, and it was changed to 2-assist. He stated anyone that provided direct care to residents should verify how residents were assisted in the Kardex. He stated the DON and the Administrator provided training to the staff. CNA A stated if the protocol was not followed for assisting a resident, it could cause an injury to the resident or to the staff member that was providing assistance. In an interview on 11/19/2025 at 10:40 AM and 11/21/2025 at 9:08 AM with LVN B, it was revealed she did not think Resident #1 had injuries after that fall. LVN B stated nurses and CNAs were to look up in the electronic health record how residents should be assisted. LVN B stated the resident could</p> |                                                                                   |                                              |