

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675975	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Village Creek Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 705 N Main St 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement written policies and procedures that identify, report, and protect from further abuse of residents, for 2 of 6 residents (Resident #14 and Resident #55) reviewed for abuse. * On 03/04/26, CNA B witnessed Resident #14 yell at Resident #55 that she was a [f-ing retard]. The incident was not reported to the abuse coordinator (AC) or HHSC. No preventative measures were put in place to prevent further abuse. * On 03/20/26, CNA B and MA C both witnessed Resident #14 shove Resident #55 into trash and dirty linen barrels in her wheelchair. CNA B and MA C did not consider this to be abuse and did not report the incident to the abuse coordinator. An Immediate Jeopardy (IJ) situation was identified on 03/25/26. While the IJ was removed on 03/26/26, the facility remained out of compliance at a severity of more than minimal harm that was not an immediate jeopardy and a scope of pattern, due to the facility's need to evaluate the effectiveness of the corrective systems. This failure could place residents at risk of unidentified abuse, unreported abuse, not being protected from further abuse, and a decreased quality of life. Findings included: Record review of the facility's Abuse Prohibition Policy last revised 01/01/24 indicated: INTENT:This protocol was intended to assist in the prevention of abuse, neglect and misappropriation of property. Each resident has the right to be free from abuse, mistreatment, neglect, corporal punishment, involuntary seclusion and financial abuse.DEFINITIONS: Abuse means the willful infliction of injury, withholding or misappropriating property or money, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Physical abuse includes, hitting, slapping, kicking, shoving, pinching and controlling behavior through corporal punishment.Mental abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. Mental abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). Verbal abuse is defined as the use of, oral, written or gestured language that willfully includes disparaging or derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. Examples of verbal/mental abuse include, but are not limited to, cursing, yelling, saying things to frighten a resident, denying food or care, isolating a resident, etc.Abuse Prohibition Program:The facility's abuse prevention program includes the following components:-Screening-Training-Prevention-Identification-Investigation-Protection-Reporting/Response Identification:1. Any allegation of abuse/neglect, made by residents/staff/visitors shall be reported to the Abuse Coordinator and investigated immediately.3. The facility supervisory staff will monitor behavior of staff members/ residents to identify potential for abuse, neglect, and misappropriation of resident funds. Protection:1. All residents will be immediately protected from harm.4. If another resident is the alleged perpetrator, they shall immediately be assessed for treatment options. The safety and protection of other residents is the facility's primary concern. Reporting/Response:1. Any employee who becomes aware of an allegation of abuse, neglect or misappropriation of resident property, shall report the incident to the Abuse Coordinator immediately. Failure to do so will result in disciplinary action, up to and including termination.2. The facility will (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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>report all allegations and substantiated occurrences of abuse, neglect or misappropriation of resident property to the state agency and to aliother agencies as required by law and will take all necessary corrective actions depending on the results of the investigation. The Abuse Coordinator will report all allegations of abuse, neglect with serious bodily injury, mistreatment withserious bodily injury, exploitation with serious bodily injury, and injuries ofunknown source with serious bodily injury immediately or within two hours of the allegation. Resident to Resident Incidents: The following guidelines will be implemented when resident to resident incidences occur:1. The staff observing the incident will immediately separate the residents involved.2. The charge nurse will assess the victim to determine any injury.3. Physician and family of both victim and perpetrator will be notified of incident.4. An incident report will be completed for the perpetrator and the victim.5. The Abuse Coordinator will be immediately contacted.6. The interdisciplinary team will make the determination on what course of action needs to be taken with the perpetrator such as, but not limited to the following:* Immediate discharge from the facility due to potential for harm to other residents.* Can the behavior be controlled by location monitoring?* Need for referral to a psychologist/psychiatrist.7. If the perpetrator is placed on location monitoring, staff will be instructed onreason for monitoring and targeted behaviors being monitored.8. If the perpetrator is on a behavioral contract, facility staff will be in servicedaccordingly, and the resident and family will be notified of consequences.9. If the perpetrator continues to exhibit inappropriate behaviors/or violates thebehaviors identified on the behavioral contract, staff will immediately notify the Administrator /DON.10. The team will conduct an emergency review to determine further course of action such as immediate discharge.11. The victim will be seen by Social Services to determine further psychologicalsupport needed as well as follow up with physician/family.12. The Ombudsman will be notified of incident /allegations as appropriate. Record review of a face sheet dated 03/24/26 indicated Resident #14 was a [AGE] year-old male admitted on [DATE]. He was his own RP. His diagnoses included paraplegia (injury to the spinal cord or brain that stops signals from reaching the lower body), major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and anxiety disorder (persistent and excessive worry that interferes with daily activities). Record review of the quarterly MDS assessment dated [DATE] indicated Resident #14 had intact cognition with a BIMS score of 15 out of 15. He had adequate hearing and clear speech. He had no behaviors during the look back period. Record review of the care plan for Resident #14 indicated:-dated 01/27/21; he had been and had the potential to be verbally aggressive and accusatory behavior towards others - staff and residents.-dated 06/14/21; he had a history of and potential for behavior problem related to my age and facility accommodates my needs by allowing me to have autonomy to make my own decisions. -dated 10/30/25; he had requested to room with a female resident. He was able to make his own decisions and consented to the move.-dated 12/11/25; he exhibited episodes of verbal aggression/irritability toward staff when care for his girlfriend/roommate was not provided immediately. During an observation and interview on 03/23/26 at 01:30 p.m. Resident #14 was in his electric wheelchair sitting outside in the smoking area. He was sitting with Resident #55. Interactions between them were appropriate with no yelling. He said he told Resident #55 to shut up and go to the room to calm down. He said it was told that he cursed at her and called her a retard but that did not happen. He said he loved her and would not do that. Record review of a face sheet dated 03/24/26 indicated Resident #55 was a [AGE] year-old female admitted on [DATE]. She was her own RP. Her diagnoses included cerebral infarction (lack of adequate blood supply to brain cells deprives them of oxygen and vital nutrients which can cause parts of the brain to die off), vision loss (partial or complete loss of the ability to see), hypertension (a condition in which the force of the blood against the artery walls is too high), bipolar disorder (mental disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and anxiety disorder (persistent and excessive worry that interferes with daily activities). Record review of the quarterly MDS assessment dated [DATE] indicated Resident #55 had intact cognition with a (continued on next page)</p>		

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During an observation and interview on 03/25/26 at 12:20 p.m. Resident #55 was sitting in the dining room without Resident #14. She was calm. She said Resident #14 went to the emergency room to get checked out. She said she had no issues with Resident #14 yelling and cussing at her. She said she did not feel afraid of him. She said she loved him and he took care of her since she could not see. 1. Record review of Nurse Notes for Resident #55 indicated an entry dated 03/03/26 at 09:40 a.m. [Resident #55] was sitting outside in wheelchair with other residents and boyfriend [Resident #14]. Stated to boyfriend stomach was hurting. Boyfriend yell at her. [Resident #14] was crying stated boyfriend yelled at her and belittled her in front of everybody. Stated to nurse I want to move out of that room notified social worker. Signed by LVN A. Record review of Nurse Notes for Resident #14 indicated an entry dated 03/03/26 at 09:50 a.m. [Resident #14] was sitting outside in electric wheelchair with girlfriend [Resident #55] and other residents. Yelled at girlfriend, asked [Resident #14] why yelled at girlfriend stated she said her stomach hurt and all I said was she need to tell the nurse Social worker notified of behavior. Signed by LVN A. During an interview on 03/25/26 at 09:26 a.m. LVN A said Resident #55 came to her crying and upset about Resident #14 yelling at her and belittling her in front of other residents. She said she told the SW since Resident #55 said she wanted to move out of the room. During an interview on 03/25/26 at 09:42 a.m. the SW said LVN A reported to her Resident #55 wanted to move out of the room she shared with Resident #14 because he yelled at her and belittled her. She said she went to talk with Resident #55, and she recanted what was said and said she loved him. She said when she talked with Resident #14, he said Resident #55 said her stomach hurt and he told her to tell the nurse. She said the Administrator was made aware. During an interview on 03/25/26 at 10:10 a.m. the Administrator said she was aware of the incident on 03/03/26 where Resident #55 said Resident #14 yelled at her and belittled her in front of others, but when Resident #55 was asked about it she recanted her statement. Therefore she did not think it needed to be reported. 2. Record review of a witness statement dated 03/04/26 indicated CNA B put in her witness statement she witnessed Resident #14 yell at Resident #55 that she was a [f-ing retard]. The statement was turned into the abuse coordinator. The incident was not reported to the abuse coordinator or HHSC. During an interview on 03/24/26 at 01:55 p.m. CNA B verified her witness statement that she had witnessed on 03/04/26 Resident #14 yelled at Resident #55 she was a [f-ing retard]. CNA B said she wrote it in her witness statement and thought the AC would see it. During an interview on 03/25/26 at 10:10 a.m. the Administrator said she did not see where CNA B had put in her statement about Resident #14 calling Resident #55 a [f-ing retard]. She said it would be considered as verbal abuse and would be reportable to HHSC. 3. During an interview on 03/24/26 at 01:55 p.m. CNA B said she was making rounds on 03/20/26 she had her dirty linen barrel and trash barrel in the hallway. She said MA C was passing medications, so her cart was also on the hall. She said Resident #14 and Resident #55 came out of their room with him pushing her in her wheelchair. She said Resident #14 then shoved Resident #55 into the barrels. She said she was not sure if it was abuse and did not report it to the Administrator. During an interview on 03/24/26 at 02:15 p.m. MA C said she saw Resident #14 shove Resident #55 in her wheelchair. MA C said Resident #14 told her it was her fault that Resident #55 went into the barrels. She said she told him no it was not her fault it was he who shoved Resident #55 into the barrels. She said she did not think it was a type of abuse and did not report it to the Administrator. During an interview on 03/25/26 at 10:10 a.m. the</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administrator said she was not aware of the incident of Resident #14 shoving Resident #55 into the barrels until CNA B came to her and told her about 10 minutes ago. She said the incident could be considered as physical abuse and would be reportable to HHSC. The Administrator and DON were notified of the IJ on 03/25/26 at 02:07 p.m. due to the above failures. The administrator was provided with the IJ template on 03/25/26 at 02:09 p.m. The following Plan of Removal was submitted by the facility and accepted on 03/26/26 at 11:53 a.m.: [Facility Name] Plan of Removal March 25, 2026 F607 Immediate Actions The facility attempted to separate the residents; however, both residents adamantly refused a room change. Due to adamant refusal to change room, 1:1 monitoring initiated for Resident #14. Monitoring done by staff until risk is fully mitigated and IDT determines supervision can be safely reduced. Care plans were reviewed and updated accordingly for Resident #55 and Resident #14 to reflect supervision needs and behavioral concerns for both residents on 3/25/2026 by MDS Coordinator. IDT provided education to both residents on 3/25/2026 regarding: Personal safety and boundaries Risks associated with unsupervised interactions Facility responsibility to intervene when safety concerns arise Outcome: Both residents verbalized understanding but continued to refuse room change; ongoing reinforcement planned A trauma-informed psychosocial assessment for Resident #55 was completed on 3/25/2026 by Social Services to evaluate for emotional distress, coercion, or unmet needs Findings: No immediate psychosocial harm identified; continued monitoring initiated Both residents were assessed for physical and psychosocial harm by nursing, with no additional injury identified on 3/25/2026 Life satisfaction rounds were completed on 3/25/2026 to ensure no other residents were negatively affected this was completed by Social Services. No negative findings with resident #14 and #55 Medical Director was notified by facility Administrator on March 25, 2026 regarding the facility alleged failure to follow abuse policies and procedures. Systemic Changes Administrator/DON were inserviced by CCS on abuse policy and reporting procedures to include the different types of abuse, reporting of abuse, and what to do in the event of an allegation of abuse and additional focus on Identifying abuse risk with residents in relationships Completed 3/25/2026. Competency validated via quiz. Administrator/DON inserviced staff on abuse policy and reporting procedures. To include the different types of abuse, reporting of abuse, and what to do in the event of an allegation of abuse and additional focus on Identifying abuse risk with residents in relationships Competency validated via quiz. Staff will not be allowed to work their next scheduled shift until inservice has been completed. Inservice complete 3/25/26 The above training material will be incorporated into the new hire orientation by Administrator effective March 25, 2026 and ongoing. An audit of incident reports for the last 3 months was completed by DON/Designee to ensure no other reportable incidents were identified on 3/25/2026. No negative findings identified An audit of grievances for the last 3 months was completed by Administrator to ensure no other reportable issues were identified on 3/25/2026. No negative findings identified If resident-to-resident abuse occurs and both residents refuse room change, the facility will implement immediate enhanced supervision (including 1:1 monitoring as indicated), revise care plans to reflect supervision needs, complete IDT review, assess capacity and risks, involve physician and responsible parties, and consider alternative interventions (behavioral, environmental, or schedule separation) to ensure resident safety. Ongoing reassessment will occur until risk is fully mitigated Monitoring and QA Administrator/DON will conduct daily review of all incidents, grievances and behavior notes x 14 days, then weekly x 4 weeks and monthly thereafter. The Administrator/DON will conduct random staff interviews (5 per week x 4 weeks) to validate understanding of abuse reporting. QAPI Committee will review weekly for 3 months for compliance, then monthly thereafter. Any identified issues will result in immediate re-education and disciplinary action if indicated. Actions for Resident Involved: The facility attempted to separate Resident #14 and #55; however, both residents adamantly refused to change rooms. Resident #14 was on 1:1 monitoring by facility staff until risk is fully mitigated and IDT determines supervision can be safely reduced. Resident #14's and #55's care plan has been updated to reflect supervision needs and behavioral concerns on 03/25/26 by MDS Coordinator. IDT provided education to both Resident #14 (continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>the State Agency within 2 hours of the incident. All were able to state that their abuse coordinator was the Administrator, if she were not available, they were to notify the DON. During an observation and interview on 03/26/26 at 2:00 p.m. Resident #14 and Resident #55 were in their room watching a movie and voiced no concerns. Resident #14 said staff are monitoring us closely and he would never harm his girlfriend (Resident #55). During an interview on 03/26/26 at 6:00 p.m. MA G said she was assigned to Resident #14 and indicated she was watching and listening for any abuse between Resident #14 and #55. MA G said they had been out for a smoke break and just returned to watch TV and that she was to make sure that Resident #14 did not physically or verbally abuse Resident #55 or any other residents. MA G said she was documenting on a flow sheet every 15 minutes and as needed. MA G said if an incident occurred to intervene immediately, keep residents safe and notify the Administrator immediately thereafter. During an interview on 03/26/26 at 6:10 p.m., the ADON said she received training 03/25/26 from the DON and the Administrator on Abuse policy, reporting abuse immediately, intervene and protect resident, interventions, and notify Administrator/AC immediately. If Administrator/AC not available or reachable notify DON. She said the Administrator had 2 hours from the time of the incident to report abuse allegations to the state agency. She said she trained staff on abuse, resident-to-resident altercations, intervening, separating resident, aggressors were watched while someone obtained help, and notified the administrator, staff to resident, protect resident and notify Administrator. She said the aggressor in an altercation was placed on one on one immediately protocol, psych notified, and they review and release. She said Resident #14 is on 1:1 monitoring for abuse or behaviors towards Resident #55 his girlfriend/roommate. She said Residents #14 and #55 care plan interventions were updated. She said that they were to follow the abuse policy even if the residents were in a relationship if abuse was suspected. During an interview on 03/26/2026 at 5:40 p.m., the DON said she received training 03/25/2026 from Regional Nurse/CCS on abuse policy and reporting procedures to include the different types of abuse, reporting of abuse, and what to do in the event of an allegation of abuse and additional focus on Identifying abuse risk with residents in relationships. She said she and the Administrator trained staff regarding the abuse policy and reporting procedure after she received her training from the Regional Nurse/CCS. She said Resident #14 was placed on 1:1 monitoring until risk is fully mitigated. She said both residents (14 and #55) have received updates on care plans, signed statements about refusing room changes and risk, psychosocial and physical assessments, and increased monitoring. She said social services completed life satisfaction rounds with no negative findings. She said she completed an audit of reportable incidents for the last 3 months regarding following the policy for reporting abuse and no negative findings identified during audit. During an interview on 03/26/2026 at 6:45 p.m., the Administrator said she received training on 03/25/2026 from Regional Nurse/CCS on abuse policy and reporting procedures to include the different types of abuse, reporting of abuse, and what to do in the event of an allegation of abuse and additional focus on Identifying abuse risk with residents in relationships. She said she and the DON trained staff regarding the abuse policy and reporting procedure after she received her training from the Regional Nurse/CCS. She said Resident #14 was placed on 1:1 monitoring until risk was fully mitigated. She said both Residents #14 and #55 had received updates on care plans, signed statements about refusing room changes and risk, psychosocial and physical assessments, and increased monitoring. She said social services completed life satisfaction rounds with no negative findings. She said she completed an audit of grievances for the last 3 months regarding following the policy for reporting abuse and no negative findings identified during audit. She said her ongoing monitoring would include conducting daily reviews of incidents, grievances and behavioral notes and conducting random staff interviews for abuse reporting. She said the abuse policy and reporting would be added to her QAPI review as well. The Administrator was informed that the Immediate Jeopardy was removed on 3/26/26 at 7:30 p.m. The facility remained out of compliance at a scope of pattern with the potential</p>		