STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676208	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eagle Crest Rapid Recovery	9602 Huffmeister Rd Houston, TX 77095

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide necessary services to maintain good nutrition, grooming, personal and oral hygiene for 1 (Resident #1) of 5 residents reviewed for personal hygiene. CNA A did not provide incontinent care for Resident # 1 for over 4 hours. This failure could place residents at risk for infection and impaired skin integrity.Findings: Record review of Resident #1's face sheet dated 02/19/26 revealed a [AGE] year-old female admitted to the facility on [DATE] and again on 02/07/26. Resident #1's diagnoses included the following: repeated falls, cognitive communication deficit, aphasia (a language disorder caused by brain damage that impairs the ability to speak, understand, read, or write) following cerebral infarction (lack of blood flow and oxygen to the brain), hemiplegia (total or partial paralysis on one side of the body) and hemiparesis (weakness on one side of the body) affecting the right dominant side, and severe sepsis (a life threatening medical emergency caused by the body's response to an infection). Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS score of 4, indicating that Resident #1's cognition was severely impaired. Section GG-Functional abilities revealed that Resident #1 was dependent on toileting hygiene. Section H-Bladder and Bowel revealed that Resident #1 was always incontinent of bladder and bowel. Record review of Resident #1's Comprehensive Care Plan dated 08/16/23 and revised 01/25/26 reflected that resident was being care planned for bladder and bowel incontinence r/t impaired mobility. An intervention included check and change as required for incontinence. Observation at 2:22PM on 02/19/26 of incontinent care for Resident #1by CNA A with the assistance of CNA B. When staff removed Resident #1's brief, there was a strong odor of urine. Resident #1's brief was heavily soiled with urine. Resident skin was intact with no redness or skin rash. Interview on 02/19/26 at 2:37PM with CNA A said she had been working at the facility since December 2025. CNA A said she had been a CNA going on 8 (eight) years. CNA A said the last time she had provided incontinent care for Resident #1 was at 10: 00AM. CNA A said she usually provided incontinent care for the Resident #1 every 2 (two) hours. CNA A said she was assisting residents in the Dining room with meals. CNA A said when residents are not provided with incontinent care every 2 hours, it place resident at risk for urinary tract infections and bed sores. CNA A said when she was done with assisting in the Dining room, she went on break and told the nurse. CNA A said there were 2 other CNA's that were also working in the hall. CNA A said she did not check Resident #1 for incontinent care prior to going on break. CNA A did not answer when asked why she did not check Resident #1 for incontinent care prior to going on break. CNA A said she did not know who was supposed to relieve her when on break and that she just told the nurse. Interview on 02/19/26 at 2:54PM with RN C said she worked at the facility on a PRN basis for 3 months and had been a nurse for 7 years. RN C said she did not recall CNA A telling her that she was going on break. RN C said she did not know what CNA was covering for CNA A when she was on break. Interview on 02/19/26 at 3:48PM with DON said residents should be checked for incontinent care (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	every 2 hours. The DON said if this was not done, it placed the residents at risk for skin breakdown, urinary tract infections, and moisture associated dermatitis (skin irritation, red dry itch rash). The DON said it was the duty of the nurse in charge on the unit that was supposed to ensure that residents were being provided with incontinent care in a timely manner. The DON said whenever the CNA's go on break, they should be notifying the other CNA (s) on the hall as well as the charge nurse. The DON said prior to the CNA going on break, the CNA should be checking residents assigned to ensure that their needs are being met including incontinent care. The DON said the facility did not have a policy on female incontinence but could provide training for female incontinence. Record review of the facility training form (not dated) on peri-care for female incontinence reflected in part: .Wash genital area, moving from front to back . Record review of the facility policy on Incontinence Care revised October 2018 reflected in part: .Basic responsibility .License Nurse, Certified Nursing Assistant.Purpose is to keep skin clean, dry, free of irritation and odor.prevent skin breakdown.prevent infection.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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** Based on observation, interview, and record review the facility failed to ensure that a resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain for 1 (Resident #1) of 5 residents reviewed for incontinence. CNA A did not provide incontinent care for Resident # 1 for over 4 hours.CNA A did not clean Resident #1 in the right direction (front to back) instead, CNA A cleaned Resident #1 from back to front during incontinent care. This failure could place residents at risk for infection and impaired skin integrity.Findings: Record review of Resident #1's face sheet dated 02/19/26 revealed a [AGE] year-old female admitted to the facility on [DATE] and again on 02/07/26. Resident #1's diagnoses included the following: repeated falls, cognitive communication deficit, aphasia (a language disorder caused by brain damage that impairs the ability to speak, understand, read, or write) following cerebral infarction (lack of blood flow and oxygen to the brain), hemiplegia (total or partial paralysis on one side of the body) and hemiparesis (weakness on one side of the body) affecting the right dominant side, and severe sepsis (a life threatening medical emergency caused by the body's response to an infection).Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS score of 4, indicating that Resident #1's cognition was severely impaired. Section GG-Functional abilities revealed that Resident #1 was dependent on toileting hygiene. Section H-Bladder and Bowel revealed that Resident #1 was always incontinent of bladder and bowel.Record review of Resident #1's Comprehensive Care Plan dated 08/16/23 and revised 01/25/26 reflected that resident was being care planned for bladder and bowel incontinence r/t impaired mobility. An intervention included check and change as required for incontinence. Observation at 2:22PM on 02/19/26 of incontinent care for Resident #1by CNA A with the assistance of CNA B. When staff removed Resident #1's brief, there was a strong odor of urine. Resident #1's brief was heavily soiled with urine. Resident skin was intact with no redness or skin rash. When staff repositioned Resident #1 to her right side, CNA A began to clean resident back and forward with the same disposable washcloth before changing for a new one. When CNA A reached for a new disposable washcloth, she continued to clean resident buttocks in the same fashion. Interview on 02/19/26 at 2:37PM with CNA A said she had been working at the facility since December 2025. CNA A said she had been a CNA going on 8 (eight) years. CNA A said the last time she had provided incontinent care for Resident #1 was at 10: 00AM. CNA A said she usually provided incontinent care for the Resident #1 every 2 (two) hours. CNA A said she was assisting residents in the Dining room with meals. CNA A said when residents are not provided with incontinent care every 2 hours, it place resident at risk for urinary tract infections and bed sores. CNA A said when she was done with assisting in the Dining room, she went on break and told the nurse. CNA A said there were 2 other CNA's that were also working in the hall. CNA A said she did not check Resident #1 for incontinent care prior to going on break. CNA A did not answer when asked why she did not check Resident #1 for incontinent care prior to going on break. CNA A said she did not know who was supposed to relieve her when on break and that she just told the nurse. Interview on 02/19/26 at 2:54PM with RN C said she worked at the facility on a PRN basis for 3 months and had been a nurse for 7 years. RN C said she did not recall CNA A telling her that she was going on break. RN C said she did not know what CNA was covering for CNA A when she was on break. Interview on 02/19/26 at 3:48PM with DON said residents should be checked for incontinent care every 2 hours. The DON said if this was not done, it placed the residents at risk for skin breakdown, urinary tract infections, and moisture associated (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dermatitis (skin irritation, red dry itch rash). The DON said it was the duty of the nurse in charge on the unit that was supposed to ensure that residents were being provided with incontinent care in a timely manner. The DON said whenever the CNA's go on break, they should be notifying the other CNA (s) on the hall as well as the charge nurse. The DON said prior to the CNA going on break, the CNA should be checking residents assigned to ensure that their needs are being met including incontinent care. The DON said the facility did not have a policy on female incontinence but could provide training for female incontinence. Record review of the facility training form (not dated) on peri-care for female incontinence reflected in part: .Wash genital area, moving from front to back . Record review of the facility policy on Incontinence Care revised October 2018 reflected in part: .Basic responsibility .License Nurse, Certified Nursing Assistant.Purpose is to keep skin clean, dry, free of irritation and odor.prevent skin breakdown.prevent infection.