

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47277</b></p> <p>Based on record review and interviews, the facility failed to provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility for 5 of 5 residents (CR #1, CR #2, CR #3, CR #4, CR #5) reviewed for transfer and discharge rights.</p> <ol style="list-style-type: none"> <li>1.The facility failed to arrange a safe and orderly discharge through care planning and involving CR #1, CR #2, CR #3, CR #4 and CR #5.</li> <li>2.The facility failed to secure a home health agency prior to CR #1's discharge from the facility on 8/9/24.</li> </ol> <p>This failure placed residents at risk of not receiving care and services to meet their needs upon discharge.</p> <p>Findings included:</p> <p>Record review of CR #1's undated face sheet revealed she was admitted to the facility on [DATE] and discharged on [DATE]. She had diagnoses of Cerebral Infarction (brain tissue dies because of not receiving enough oxygen or blood flow); Hemiplegia affecting left side (Paralysis); Malignant Neoplasm of Transverse Colon (Colon Cancer).</p> <p>Record review of CR #1's Quarterly MDS assessment dated [DATE], revealed the resident's BIMS score was 10, which indicated moderate cognitive impairment. The resident was totally dependent on staff's assistance with toileting and shower/bathing, eating, oral hygiene, total dependent on staff for assistance with upper body dressing and personal hygiene and setup or clean-up assistance with oral hygiene. The resident had an Ostomy (surgical procedure that creates an opening in the body to help get rid of waste like urine or stool). The resident required partial/moderate assistance with all positioning and transferring including, lying to sitting on side of bed and chair/bed-to-chair transfer. The resident required setup assistance to roll left and right.</p> <p>Record review of CR #1's Baseline Care Plan, dated 05/3/24, revealed CR#1 is alert/cognitively intact, she has diseases and disorders of the Nervous system, is a one (1) person assist, has a colostomy, incontinent of urine, HOB Elevated, bathing in a shower chair.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of CR #1's electronic health record from 05/03/2024 to 08/09/2024 did not reveal notes from an IDT regarding a summary or discharge plan developed with the resident. While there is a discharge planning completed on 08/08/2024 by the SW, during the interview the SW denied ever completing any type of discharge planning.</p> <p>Record review of CR #1's progress notes revealed the following:</p> <p>* 7/29/2024 Progress Notes noted, [CR#1] presents today at the bedside for monthly evaluation, pleasant. FM present. [CR1]</p> <p>Reports of no acute issues today. [FM] reports chemotherapy currently on hold pending neurosurgery follow-up for re-placement of cranial cap (Helmet worn to provide protection for an individual who has had a traumatic brain injury). [CR1] otherwise reports pain is currently under control on current pain regimen. She denies chest pain, SOB, headache, N/V.</p> <p>* 08/09/24 at 12:37pm [AD] noted, Discharge planner had a conference call with medical records, business office, and spoke with [FM#1] called her to notify her [CR#1] will be discharged to the personal care home (gave name, address and telephone number) gave [FM#1] the information also provided the phone number of the PCH. Also informed FM#1 that transportation provided by ambulance company will be here to pick [CR#1] up at 6:00 pm to transport [CR#1]. Also informed [FM#1] that there is a copay for the hospital bed for \$16.26 for 10 months because the insurance only covers 75% provided her the information of the DME company and phone number.</p> <p>*08/09/24 at 5:40pm [LVN] noted, Patient discharged from facility at 5:30pm to a group home. Patient alert and oriented x3 , colostomy bag changed before leaving skin intact. Patient expressed no distress upon leaving facility. Patient wanted all her evening medication to be administered before exiting. Ambulance company driver sign and received all discharge medication and paperwork.</p> <p>In a telephone interview with [OMB] on 8/13/2024 at 11:55am- he stated he has been in and out of hearings regarding the discharges with this facility; and has recently won against the facility for 3 residents. He stated even though a resident exercises their rights to file an appeal, the facility transfers during the appeals process. He stated the facility continues to fail at following policies and procedures outlined in the facility's regulatory requirements handbook when they discharge the resident. The OMB stated this is a pattern that needs to stop. He stated he is in the process of filing an appeal for CR#1. He stated the facility transferred the resident without a discharge summary. The OMB said she had not had a care plan meeting in the 3 months she was a resident of the facility, CR#1 had not been involved in physical therapy and the facility has not notified the OMB of discharge notices as required by the Texas Administrative Code (TAC). He stated the resident , and her family never received a discharge letter or summary report. He stated the facility is very unhappy with OMB and therefore has not sent him a discharge letter in about 4 months. He said CR#1 was discharged to an independent group home, without home health services set up and without the appropriate assistive aids and devices to assist her with ADLs. He stated CR#1 is paralyzed on one side of her body, she has a colostomy bag, she has cancer, and is unable to care for herself. OMB stated he will file an appeal for CR#1. However, he has filed appeals and won them for CR#2, CR#3 and CR#4.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with [FM#1] on 8/13/2024 at 12:30pm she stated CR#1 had a stroke in January 2024. Prior to being transferred to this facility it was learned that CR#1 had colon cancer. On 5/3/2024 CR#1 arrived at this facility for rehab, physical therapy and to get wheelchair ready. Her plans were to go home in a wheelchair where family could assist her better. She stated CR#1 has a colostomy bag (opening in the abdominal wall for poop to come out). She stated after about 3 weeks of not receiving any admission paperwork, no family meeting for goals or long-term planning she told the SW she demanded a meeting with the people who were in charge.</p> <p>[FM#1] stated she began calling other facilities herself but were told CR#1 had not had therapy in a while and could not be admitted . FM#1 stated she continued to endure the harassment from SW, who would tell her to take CR#1 out of the facility even in front of other people. FM#1 became angered, embarrassed and concerned for CR#1's safety. She stated the SW would call her and tell her that she should either put up her credit card or come and pick up the resident and take her some place else. Stated she asked to speak with the person in charge of admission.</p> <p>[FM#1] stated on 6/17/2024 at 12:40pm there was a meeting , which she recorded. She stated CR#1 was not present as the meeting was in the conference room. She stated the individuals attending the meeting were, Admin, SW, Admissions, PT and DON. She was told at this time CR#1 did not have insurance and would be transferred. FM#1 stated the facility wanted her to sign the admission paperwork. She stated it was emailed to her. She stated she looked at the number of pages (100+) she told the SW someone would have to sit with her and CR#1 to go over what should be signed. This was not completed, and the admission paperwork was not signed by her or CR#1.</p> <p>FM#1 stated she received a call last week Friday, 8/9/2024 at 3:30pm from the facility, AD who stated CR#1 would be transferred at 6:00pm to another placement. FM#1 stated she arrived at the facility and CR#1 was already gone. She stated CR#1 was transferred without her belongings, including her helmet. FM#1 stated they sent her medicine with the resident; however, they did not send any pain medications nor extra colostomy bags.</p> <p>In an interview with Complainant on 8/13/2024 at 12:48pm it was stated the facility has always continued unethical discharges, which violated the Residents Right. The Complainant continued to advise the residents and family members do not receive a discharge letter or summary report from this facility.</p> <p>In an interview with CT on 8/13/2024 at 3:30pm she stated CR#1 arrived at her PCH on Friday 8/9/2024 around 7:00pm. She stated she received a call from her friend who told her that she had a friend who had CR#1 for her. CT stated she was informed that CR#1 had a stroke and was paralyzed on one side; however, was mobile, which made CT believed that CR#1 would be able to get around with a wheelchair or walker. CT stated she was informed by FM#1 that the resident had stage 4 cancer, wore a helmet, and was bedridden. CT stated she has asked PA#1 for CR#1's face sheet and has not received it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CT stated she runs an independent living home for mostly veterans. She stated she did not know that CR#1 was in the condition she was in. CT stated she is not equipped to handle CR#1. She stated when CR#1 arrived, she had no personal belongings, no helmet, no supplies for the colostomy bag. She stated the facility sent a bed, that is total Raggedy. CT stated she does not change colostomy bags. She stated CR#1 has not been seen by any doctor or nurse since she arrived. She stated CR#1's FM #1 and #2 come and change her colostomy bag and do other care for her. She stated she feels sorry for CR#1 and no one should be treated like this. CT stated she feels she was fooled and tricked in to accepting this placement.</p> <p>In an interview with LVN on 8/13/2024 at 4:24pm she stated CR#1 left at around 5:30pm to go to a group home. She stated she was informed by the DON that resident would be leaving. She stated she did not set up transportation. She stated she changed CR#1's colostomy bag, then the resident was picked up by transportation. She stated she gave paperwork to family as they took all her belongings with them at this time. She stated she gave family the trolley to put clothes on to get them to their vehicle. LVN stated she could not remember if CR#1 was wearing her helmet. She stated CR#1 takes the helmet off and on by herself. She stated she believes the resident was transferred by an ambulance company.</p> <p>In an interview with AD on 8/13/2024 at 4:45pm she stated she has assisting with discharges since the last week of July 2024. She stated she remembers discharging CR#1. She stated she notified family that CR#1 was being discharged . She called FM#1 and informed her where CR#1 was being transferred (name of the group home, address and contact person), who was providing transportation, and the medical equipment rental company because CR#1 needed a bed. She stated the BOM and Administrator found the PCH. AD stated she was told to just notify the family of CR#1. She stated she has never spoken to or with CR#1. She stated she has spoken with other residents to get their information, but not with CR#1. AD stated CR#1 was discharged because of no payment and believed the insurance stopped payment. She stated CR#1 was picked up by an ambulance company on 8/9/2024 at 6:30pm.</p> <p>In an interview with DON on 8/13/2024 at 5:12pm she stated when CR#1 was admitted to the facility the SW began talking to CR#1 and FM#1 about exit goals or other assisted living plans. She stated discharge needs are automatically evaluated upon admission, then there is a weekly meeting with CR#1 and FM to discuss the 25-day plan they had. DON further stated the post-discharge recommendation care depends upon what was going on with the patient. DON stated the PCP visit is arranged. The DON stated the facility sets up DME company with patients' insurance, and the SW handles the contact information with the contractor. DON stated CR#1 was discharged to a group home because that was what was discussed and agreed upon with CR#1 and FM. DON stated the resident had a 25-day plan and looked for a home. She stated she is unaware if family was told to look for a home by the SW. The DON stated there was a care plan meeting, discharge conference and summary with CR#1 and FM. Request was made for discharge orders and summaries for CR#1 and CR#2 at this time; however, they were not provided at exit. Other policies that were requested during an interview were Discharged Order, Admission agreement and Discharge Planning.</p> <p>In a telephone interview with PA#1 on 8/13/2024 at 5:43pm she stated she owns and operated her own agency specifically for placing residents in group homes. She stated she gets her clients from SNFs, NFs, Private referrals and APS. She stated she is paid by each entity for placement. She stated she was contacted by the SW for a placement, but SW did not feel comfortable with placing the two residents. She stated SW told her the Admin wanted her telephone number to work out a placement deal. PA#1 told SW it was okay to give Admin her number.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[PA#1] stated Admin called her and stated she needed to transfer two residents (CR#1 and CR#2) because they had new people coming in and the facility could only have so many pending Medicaid residents. She stated Admin told her she would give her \$3000.00, \$1500.00 for each resident she placed. She stated she agreed to the placement, and she received, \$3000.00 (with her name and the name of her consultant company) check (from the corporate company) dated 8/5/2024 and Invoice number of 071124 for CR#1 And 071624 for CR#2, to pay for the first month's rent for CR#1 and CR#2. Both were discharged from the facility; however, they went to two separate placement homes. PA#1 stated she received the face sheet for both, CR#1 and CR#2 4 days ago.</p> <p>[PA#1] stated she was not informed of CR#1's current medical condition. She stated she was told CR#1 had a stroke and some paralysis on one side, but still had mobility. She stated she was never informed that the resident had to wear a helmet, had a colostomy bag or was bed ridden. She stated if she had known about her medical issues, she would not have placed CR#1 in the current home. She stated CR#1 arrived to the home without additional Colostomy bags, helmet and other clothing and medical items. She stated it was too late in the evening to send CR#1 back to the facility as she arrived around 7:00pm on 8/9/2024. PA#1 stated CR#1's two FM are coming daily to change the colostomy bag and help CR#1 with her bed baths. She stated CR#1 had a lot of mobility issues as she is paralyzed on one side.</p> <p>In a telephone Interview with [SW#1] on 8/13/2024 at 7:54am, she stated she is no longer employed at the facility. She stated she resigned because the facility tried to get her to discharge people who did not have money. She stated the SED wanted her to send CR#1 and CR#2 to personal care homes. She stated she and the DON met with FM#1 and was informed that there was a plan to get CR#1 in surgery to put the bone back in her head, but she only needed a week as the surgery would be scheduled at the hospital. The SW#1 stated she agreed and felt like it was a legitimate request. However, the Admin told the DON she wanted CR#1 discharged immediately. SW#1 stated with the funds changing hands its almost like human trafficking (residents for sale) and she wanted no parts of it.</p> <p>The [SW#1] stated neither resident (CR#1 and CR#2) received a 30-day notice or discharge summary, and she never completed any type of discharge planning with CR#1, CR#2 or FM She stated she never care planned for the transfer. In fact, she stated there was no care plan conference with CR#1 or CR#2 or their family. She stated CR#1's PCP did not know about the discharge until after she had transferred. She stated both residents should not have been brought into the facility because there was no income other than the 20 days insurance pays initially. She stated the facility brings insured residents to the facility then wants them discharged after the insurance has paid for the days. SW#1 stated CR#1's employer applied for her disability. SW#1 stated she did not know CR#1 was being transferred to a group home. She stated she knows the facility pays at least \$1500.00 to a placement agency for residents first months' rent.</p> <p>SW#1 stated the SED initially gave Admin the telephone number to call PA#2. However, when she contacted PA#2, Admin was told she was not paid the \$1500.00 (per person) for the two residents she had already taken, so she would not be placing anymore residents until she is paid. She stated payment to others to discharge the residents without proper notice is, in her opinion, unethical.</p> <p>[SW#1] stated the Admin wanted PA#1's number. SW#1 stated SW #1 never sent required paperwork over to PA#1, nor was CR#1 or her FM included in any of the planning. SW stated CR#1 should be in a SNF. She stated a Medicaid application was completed and given to the BOM to finalize the application.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>SW#1 stated there is another SW#2 that works 2 days per week who wanted PA#1's phone number. She stated SW#2 coordinated the placement of CR#1 and CR#2 with PA#1. She further stated she told SW#2 not to place CR#1 in a group home setting because it was dumping .</p> <p>In an interview with [CR#1] on 8/14/2024 at 12:33pm she stated she is cognizant enough to understand her medical issues. She stated she never signed any admission paperwork, nor has she had a care plan conference. She states she was looking forward to physical therapy because it would help her to sit in a wheelchair. She stated her relatives in another state had stated they would do construction on their home (Ramp) to ensure she could get in and out and live somewhat of a decent life. She stated she has never spoken with the SW or anyone. She stated she was notified of her discharge about 2-3 hours before the ambulance came. CR#1 stated she wore a Helmet when she is transferred. She stated she is unable to put it on or take it off by herself. CR#1 provided her signature as a verification that the signature on the discharge or other forms of the facility are not hers and her signature was forged. She stated she is very disappointed that being in that facility that long she did not see anyone nor work with Physical Therapy.</p> <p>In a telephone interview with [PCP] on 8/14/2024 at 1:55pm he stated he was not informed of CR#1's discharge or a plan to discharge until after she was discharged . He stated he had written a letter to get an approval from the insurance company so that CR#1 could begin therapy at a skilled level and so that she can get chemotherapy. He stated the goal is to get her stable enough to live somewhat independently. He stated he is still waiting for the insurance company to reply to his letter. He then stated there was nothing medically wrong with CR#1 that would prevent CR#1 from being in a group home.</p> <p>In a telephone interview with [FM#2] on 8/14/2024 at 3:00pm - she stated CR#1 was in the facility for almost 3 months and for the first three weeks CR#1 did not speak with anyone. There was no contact from the SW#1, SW#2, BOM, DON or Admin. FM#2 stated there was never a care plan, care plan conference, discharge conference or discharge summary or anything. She stated suddenly, the SW#1 began harassing, (Constantly calling and screaming at her, demanding that she place a credit card on file or CR#1 would be kicked out on the street, etc.), FM#1 and wanting the family to put up a credit card because CR#1 did not have any more insurance money and stated she could not stay at the facility for free. These threats were continuous. On one occasion, [FM#2] stated family was told by the SW#1 to Come and get her (CR#1) cause she's not paying to stay here. FM#2 stated she lives a long way from the facility and her family member is ill and unable to care for himself, which makes it difficult to care for CR#1. She stated she and FM#1 felt so stressful, intimidated and vulnerable, scared that CR#1 was going to be rolled out of the facility onto the streets. She stated she thought they would put CR#1 out of the facility on the street. She stated the family was notified between 3:00pm - 3:30pm on 8/9/2024, that CR#1 was being transferred at 6:00pm. She stated FM#1 arrived at the facility around 5:00pm and CR#1 had already been transferred. She stated once CR#1 arrived at the group home, the facility did not send a bed and the group home did not have a bed. She stated the family contacted the facility who sent a hospital bed from a rental facility.</p> <p>In an interview with FM#3 on 8/14/2024 at 5:36pm he stated he has MPOW over CR#1 ever since she was in the Hospital. FM#3 stated he has never spoken with anyone at this facility and has had no say so with the paperwork.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a follow-up telephone interview with [FM#2] on 8/18/2024 at 10:25am she stated she brought resident, via ambulance, to Hospital. She stated the resident was having a combination of stool &amp; slime (reddish brown) discharge from her anus area. She stated resident also has a UTI.</p> <p>In an Interview with [SED] on 8/14/2024 at 7:04pm he stated this facility is primarily a transitional facility. He stated that notification is talking with family, discussing Medicaid, and working on transitioning to another appropriate facility. The residents if they have been in the facility should get 30-day discharge notices. He stated the only way a resident does not get a discharge notice is if he or she is a threat, and they need to be discharged immediately.</p> <p>The SED stated during the discharge process, the SW works with various services in the community if a resident cannot afford to stay at the facility. He stated the facility will pay between \$1500-\$2500 to provider to accept the resident. He stated the provider is notified that the resident's funds are pending, and the pay helps for the first month of the resident's stay, usually if the family cannot afford to pay for the resident to get into the facility or group home. He stated the process is the facility sets up a discharge date and gets the resident to the receiving facility. If the resident is not satisfied as to where they are, the resident is responsible for finding another group home, nursing facility or hospital. He stated for the second time that if the discharge is unplanned a discharge care plan is unnecessary do to safety issues of residents and staff. The SED was unaware of the discharge conference or care plan summary meeting for CR#1 but believes the SW did discuss plans with the resident.</p> <p>In a telephone Interview with PA#2 on 8/15/24 at 11:34am she stated she owns a placement agency and has placed residents from the facility. She stated she has placed 4 residents. PA#2 stated she was uncomfortable talking about the process of placement or the pay. She stated she needed to first call SED or Admin before continuing a conversation. She then hung up.</p> <p>Record review of CR#2's face sheet revealed he was admitted to the facility 5/14/2024 and discharged on [DATE]. He was diagnosed with congestive heart failure, end-stage renal disease, type 2 diabetes mellitus, disorder of urinary system, dementia.</p> <p>Record Review on 8/13/2024 at 5:08pm received email from DON of a one-page unsigned discharge order dated 8/13/2024 at 4:51pm.</p> <p>Record Review on 8/14/2024 at 4:28pm, received email from DON of a 127-page nursing facility admission agreement with typed in signature of CR#1.</p> <p>Record Review on 8/14/2024 at received email from DON, noting a social services history and initial assessment dated [DATE] at 9:08am and completed by SW. Page 8 of 8, titled, Discharge Planning noted the resident was admitted to the facility for rehabilitation and she has no payor source this time, her employer filed for disability in January, and we got all her information for Medicaid pending. She has no doctor or pharmacy.</p> <p>Record Review of CR#3's undated face sheet revealed she was admitted to the facility on [DATE] and discharged [DATE]. She had diagnoses of Respiratory failure with hypoxia (not enough oxygen in the blood), hypothyroidism (underactive thyroid), acquired absence of left leg above the knee (surgical procedure which removes the leg from the body above the knee), obesity (overweight).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record Review of CR#3's reversed appeal reviewed on 5/10/2024 by HO which noted 3 facts:</p> <p>Fact 1: A representative from the nursing facility was not present for the hearing on May 8, 2024, to explain or support the notice of discharge date d February 13, 2024.</p> <p>Fact 2: The nursing facility did not contact the hearings office prior to the date and time of the scheduled hearing.</p> <p>Fact 3: The nursing facility failed to provide evidence to the hearings office to support the discharge of the Appellant (CR#3) from the facility. Therefore, the Agency action is REVERSED (The court reversed the discharge and ruled in favor of CR#3, which indicates CR#3 was not given proper notice of the discharge by the facility)</p> <p>Record review of CR#4's undated face sheet revealed he was admitted to the facility on [DATE] and discharged on [DATE]. He had diagnoses of nontraumatic Cerebral Hemorrhage, diabetes mellitus,</p> <p>Record review of the appeal by CR#4, reviewed on 3/12/2024 by HO which noted, the decision was reversed based on facts below:</p> <p>In this case, the facility alleged Appellant (CR#4) was transferred on January 1, 2024, to [psychiatric facility] under Section (b)(3), for posing a danger to other residents of The Facility. The Facility failed to provide evidence to support this allegation. Appellant was discharged from The Facility on January 3, 2024, via a voice mail to [psychiatric facility]. The Facility failed to provide evidence to support the allegations of Appellant danger to the safety of other residents and staff, failed to provide evidence to support documentation in Appellant clinical record of the reasons for the January 1, 2024 transfer [psychiatric facility] and the January 3, 2024 discharge, failed to provide documentation to show they immediately called the staff of the Office of the State Long-term Care Ombudsman to report their intention to discharge Appellant, and failed to provide evidence to support submission to Texas Health and Human Services Commission, of the required physician documentation regarding the discharge. In addition, as Appellant was transferred from The Facility to the BHU for alleged threats of physical violence against other residents and staff. The Facility failed in their obligation to notify Appellant, his AR and the Office of the Ombudsman, in writing, of the address, email address, and phone number of the state mental health authority. Therefore, the Agency action is REVERSED . (The court reversed the discharge and ruled in favor of CR#4, which indicates CR#4 was not given proper notice of the discharge by the facility)</p> <p>Record review of CR#5 undated face sheet revealed he was admitted [DATE] and discharged on [DATE]. He had diagnoses of secondary hypertension (high blood pressure caused by another condition) and unspecified multiple injuries (physical injuries that occur simultaneously in multiple parts of the body).</p> <p>Record review of hearing notice filed on 3/4/2024 with a scheduled hearing date of 3/19/2024 for CR#5, who was unable to attend.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a telephone interview with OMB on 8/13/2024 at 11:55am, he stated he could not locate the actual decision for the HO for CR#5; however, the facility opted out of going through with the hearing and the decision was reversed . (The court reversed the discharge and ruled in favor of CR#5, which indicates CR#5 was not given proper notice of the discharge by the facility). During this time, OMB stated CR#5 was at home and did not want to return to the facility after being treated unfairly.</p> <p>Review of the policy, dated 2001 and revised December 2016, titled, Transfer or Discharge Notice, Policy Interpretation and Implementation revealed the following:</p> <p>1.A resident, and /or his or her representative (sponsor), will be given a thirty (30) day advance notice of an impending transfer or discharge from our facility.</p> <p>3. The resident and/or representative (sponsor) will be notified in writing of the following information:</p> <p>a. reason for the transfer or discharge.</p> <p>b. The effective date of transfer or discharge.</p> <p>c. The location. Transfer .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47277</b></p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered baseline care plan within 48 hours of admission that includes the minimum healthcare information necessary to properly care for a resident for 1 of 1 resident (CR#1) reviewed for care plans in that:</p> <p>CR#1 did not have a baseline care plan that addressed her initial goals based on admission orders, physician orders, therapy services, social services or PASRR .</p> <p>This failure could place newly admitted residents at risk of not receiving services to meet their needs.</p> <p>Findings included:</p> <p>Record review of CR #1's undated face sheet revealed she was admitted to the facility on [DATE] and discharged on [DATE]. CR#1 had diagnoses of Cerebral Infarction (brain tissue dies because of not receiving enough oxygen or blood flow); Hemiplegia affecting left side (Paralysis); Malignant Neoplasm of Traverse Colon (Colon Cancer).</p> <p>Record review of CR #1's Quarterly MDS assessment dated [DATE], revealed the resident's BIMS score was 10, which indicated moderate cognitive impairment. CR#1 was totally dependent on staff's assistance with toileting and shower/bathing, eating, oral hygiene, total dependent on staff for assistance with upper body dressing and personal hygiene and setup or clean-up assistance with oral hygiene. CR#1 had an Ostomy (surgical procedure that creates an opening in the body to help get rid of waste like urine or stool). CR#1 required partial/moderate assistance with all positioning and transferring including, lying to sitting on side of bed and chair/bed-to-chair transfer. eCR#1 required setup assistance to roll left and right.</p> <p>Record review of CR #1's Baseline Care Plan, dated 05/3/24, only revealed CR#1 is alert/cognitively intact, she has diseases and disorders of the Nervous system, is a one (1) person assist, has a colostomy, incontinent of urine, HOB Elevated, bathing in a shower chair.</p> <p>The baseline care plan failed to address the residents' specific health and safety concerns to prevent decline or injury, such as fall risk, identify needs for supervision, behavioral interventions, and assistance with activities of daily living, as necessary. It also failed to address initial goals based on admission orders; Physician orders; Dietary orders; Therapy services; Social services; changes in conditions or needs; PASRR recommendations or resident's goals and objectives. There was no mention of the information about the resident from the transferring provider and/or a discussion with the resident and resident representative.</p> <p>Record review of CR #1's electronic health record from 05/03/2024 to 08/09/2024 did not reveal notes from an IDT regarding a care plan conference with CR#1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE  11353 Sugar Park Lane Sugar Land, TX 77478	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with FM#1 on 8/13/2024 at 12:30pm she stated CR#1 had a stroke in January 2024. Prior to being transferred to this facility it was learned that CR#1 had colon cancer. On 5/3/2024 CR#1 arrived at this facility for rehab, physical therapy and to get wheelchair ready. Her plans were to go home in a wheelchair where family could assist her better. She stated the CR#1 has colostomy bag (opening in the abdominal wall for poop to come out). She stated after about 3 weeks of not receiving any admission paperwork, no family meeting for goals or long-term planning she told the SW she demanded a meeting with the people who were in charge.</p> <p>In an interview CR#1 on 8/14/2024 at 12:33pm she stated she is cognizant enough to understand her medical issues. She stated she never signed any admission paperwork, nor has she had a care plan conference. She stated she was looking forward to physical therapy because it would help her to sit in a wheelchair. She stated she has never spoken with the SW or anyone. She stated she is very disappointed that being in that facility that long she did not see anyone nor work with Physical Therapy.</p> <p>In a telephone interview with FM#2 on 8/14/2024 at 3:00pm - she stated CR#1 was in the facility for almost 3 months and for the first three weeks CR#1 did not speak with anyone. There was no contact from the SW, BOM, DON or Admin. FM#2 stated there was never a care plan or care plan conference.</p>		