STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676323	A. Building B. Wing	03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Crescent	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47709 Based on record review and interviews, the facility failed to provide and document sufficient preparation and orientation of residents to ensure safe and orderly transfer or discharge from the facility for 1 of 1 resident (Resident #3) reviewed for transfer and discharge rights. -The facility failed to notify the representative (Office of the State Long-Term Care Ombudsman) of the transfer or discharge with the reasons for the move in writing in a language and manner they understand. This failure placed residents at risk of not receiving an advocate who can inform them of their options, rights, and the added protection from being inappropriately transferred or discharged . Findings include: Record review of Resident#3's face sheet dated 03/22/25, revealed she was admitted to the facility on [DATE] with diagnoses of myasthenia gravis without (acute) exacerbation (a chronic condition causing muscle weakness), acquired absence of left leg below the knee, muscle weakness, presence of automatic (implantable) cardiac defibrillator (implanted device that detects and corrects life-threatening heart rhythms), morbid (severe) obesity due to excess calories, acute on chronic systolic (congestive) heart failure, type 2 diabetes mellitus with hyperglycemia (blood sugar levels are too high due to diabetes), chronic kidney disease stage 3B, heart disease, right bundle-branch block (electric signals in the heart are delayed or blocked), hyperlipidemia (high levels of fats in the blood), muscle wasting and atrophy, aftercare following explanation of knee joint prosthesis, chest pain, and acute pulmonary edema (is a medical condition where fluid suddenly builds up in the lungs making it difficult to breathe). Record review of Resident #3's Brief Interview for Mental Status (BIMS) Evaluation dated 01/20/25, revealed the resident's BIMS score was 15, which indicated her cognitive response was intact. Record review of Resident #3's Progress notes dated 01/30/25, revealed the Social Worker Issued Notice of Medicare Non-Coverage on 01/30/25 at 2:00 pm. Resident #3 said she does not want to do long-term care due to them taking most of her money to live there. Resident #3 said that her FM informed her that she could not return home if she was unable to walk and manage her own care. (continued on next page)

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

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #3's Progress notes dated 01/30/25, revealed the Social Worker spoke with Resident #3's regarding her discharge. The Resident's FM said that Resident #3 could not come to his home, and he wanted her to be assisted with a Medicaid application for Long-Term Care. The Social Worker informed Resident #3's FM that Resident #3 did not want Long-Term care. Resident #13's said he will speak with Resident #3. Record review of Resident #3's Expedited Appeal Documentation Request dated 01/30/25, revealed submitted medical records, Notice of Medicare Non-Coverage, Detailed Explanation of Non-Coverage, copy of the beneficiary's medical record from the last seven days, face sheet, wound care orders and flow sheets, skilled nursing notes, ST evaluation and progress notes, OT evaluation and progress notes, PT evaluation and progress notes, physician progress notes, physician orders, and history and physical. Record review of Resident #3's Notice of Medicare Non-Coverage, revealed the effective date coverage of residents skilled nursing facility services would end 02/01/25 signed by Resident #3 on 01/30/25. Record review of Resident #3's progress note dated 02/03/25, revealed the Social Worker scheduled a community liaison to speak with Resident #3 last week. The Social Worker said Resident#3 was provided boarding home options but the resident declined. Record review of Resident #3's Letter of written notice dated, 02/18/25 revealed that the resident received her 30-day written notice attached with another copy of the Notice of Medicare Non-Coverage. Record review of Resident #3's progress note dated 03/04/25, revealed the Social Worker informed the resident she had been denied Long-term care due to being over resourced. Record review of Resident #3's progress note dated 03/05/25, revealed the Social Worker informed the resident she had been denied Long-term care due to being over resource amount. Record review of Resident #3's Psychiatric Subsequent assessment dated [DATE], revealed assessment/plan Generalized anxiety disorder is being treated with Alprazolam 0.5 orally Disintegrating (breaking down into smaller parts or fragments) tablet 0.25mg (milligram) BID (twice a day) PRN (as needed) and Hydroxyzine 1 tablet 25mg (milligram) will continue to use Alprazolam and Hydroxyzine to target sxs (symptoms) of anxiety .will continue with supportive care. Record review of an Invoice #005 dated and issued, 03/18/25 to assist Resident #3's housing fee in the amount of $700.00. The comprehensive care plan and the advance directives provided. Record review of Resident #3's progress note dated 03/18/25, revealed the Social Worker spoke with the resident regarding a discharge update. Resident#3 was discharging to a PCH . Resident #3 said she has already ordered her hospital bed and wheelchair is at her bedside. Record review of Resident #3's progress note dated 03/18/25, revealed the Social Worker called the resident and scheduled a follow-up appointment dated 04/15/25. Record review revealed Resident #3's discharge date d 03/18/25, revealed she went to an assisted living/board and care/group home . (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/22/2025 at 10:08 am with the DON, she said once the resident admits in the facility, there were weekly updates the facility sends to the insurance. The DON said when the resident was at their maximum the resident could go to the next level of care. The DON said the insurance issues a NONMC (notice of non-medical coverage). The DON said the resident had a right to appeal. The DON said if the resident won the appeal they could remain in the facility. The DON said the resident could continue with their services until another NONMC was received. The DON said if the resident did not appeal the insurance the resident was given 48 hours. The DON said if the resident did not win the appeal it would transfer to private pay. The DON said when the resident did not pay private pay then a 30-day discharge was given to the resident. The DON said the resident was given the NONMC, and the Social Worker could assist if the resident requested assistance (how to appeal the NONMC). The DON said the risk to an unsafe transfer/discharge was the resident returning to the hospital. The DON said the risk was also the resident not getting proper care and which could harm the resident . During an interview on 3/22/2025 at 12:38 pm with LVN A, she said she had been working with Resident #3 every weekend since she has been admitted into the facility. LVN A said Resident#3 was a pleasant person to her. LVN A said she knew Resident#3 had an amputee on her right leg. LVN A said Resident #3 was very outspoken and she would tell you what she needed. LVN A said Resident #3 never took showers, she has always taken bed baths on Saturdays. LVN A said Resident#3 never complained. LVN A said Resident #3 provided her with the address by showing her a flyer and wanted LVN A to visit. LVN A said the resident said she was going to leave the facility and go to her new place. LVN A said she took a picture of the flyer with her cellphone to assure Resident #3 she would visit her at her new place. LVN A said Resident #3 did not seem sad. LVN A said Resident#3 was packing on the day she was talking to her. During a telephone interview on 3/22/2025 at 1:14 pm with Resident #3, she said she was waiting to receive all her boxes from the home. Resident#3 said she wanted to get back on low subsidy. Resident#3 said she moved again into a brand-new house in {another city name}. During a telephone interview on 3/22/2025 at 3:01 pm the Business Manager said the process for Transfer/Discharge was: She received a fax of the NONMC, she issued it to the patient/resident if they were their own RP, she issued the NONMC to the RP/family, she showed the resident the last service date on the NONMC, she showed the resident the discharge date , she informed the resident of the appeal they could start, she said she informed the residents they had until 12 noon the following date to make the appeal, she checked with the residents the same day to see if they were going to appeal again, she said once the appeal request came through via fax, she said medical records got their records together for the appeal process, she said she waited for the decision by fax, she said she called the patient about the decisions, she said the discharge paperwork was handled by the Social Worker, she said the Social Worker followed up with the resident, she said they prepared the resident for everything (medication, items needed for care etc.), she said she checked out with the nurse, she said she made sure the resident had more than enough medication on hand, she said she made sure the discharge information was correct. She said she forgot the facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. She said she had no idea the ombudsman was to be notified and sent a copy of the information. She said the risk to the resident was the resident receiving an unsafe transfer and an unsafe discharge . (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/22/2025 at 3:59 pm with the Executive Director (ED), he said he had been working at the facility since 10/28/24. The ED said pertaining to the Transfer/Discharge he would make sure the ombudsman was notified and have the information sent via email. The ED said once the Business Manager and the Social Worker returned to work, as well as the person that handled medical records, he would make sure staff were trained and in-serviced on the proper process of Transfer/Discharge pertaining to the policy and the CMS revised Regulations. The ED said he would talk about the transfer/discharge daily. The ED said he would perform audits to ensure compliance. The ED said the risk to the resident not having a safe transfer/ discharge was having an unsafe discharge, he said the resident could return to the hospital due to an adverse effect. Record review of the policy, Transfer or Discharge Notice dated 12/2016 revealed the following:1. A resident, and /or her representative (sponsor) will be given a thirty (30)-day advance notice of an impending transfer or discharge from the facility .4. A copy of the notice will be sent to the Office of the State Long-Term Care Ombudsman.