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	01/16/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46678 Based on observation, interview and record review, the facility failed to ensure all Pre-Admission Screening and Resident Review (PASRR) level 1 residents with mental illness were provided a PASRR level 2 evaluation for 5 (Resident #4, Resident #5, Resident #43, Resident #66, and Resident #82) of 5 residents reviewed for resident assessments. The facility did not correctly identify Resident #4, Resident #5, Resident #43, Resident #66, and Resident #82 as having mental illness in their PASRR Level 1 Screening. This failure could place residents with documented mental illness diagnoses at risk of not receiving needed care and services in the appropriate setting. Findings included: Resident #4 Record review of Resident #4's face sheet, 1/14/2025, revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included unspecified hemiplegia (muscle weakness or paralysis) affecting unspecified side, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), psychosis (a mental disorder characterized by a disconnection from reality), major depressive disorder (a mental illness that causes a persistent low mood and loss of interest in activities). Record review of the PASRR level 1 screening dated 10/3/2016 indicated Resident #4 was negative for mental illness, intellectual disability, and developmental disability. Record review of Resident #4's Quarterly MDS, dated [DATE] indicated Resident #4 had a BIMS of 9 which indicated moderate cognitive impairment. Resident #4 had active diagnoses of anxiety disorder, depression, psychotic disorder, and schizophrenia and was taking an antidepressant. Record review of Resident #4's physician orders dated 12/1/2024 indicated Resident #4 was prescribed Trazodone 150 mg once at bedtime for depression. (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

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	01/16/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #4's care plan dated 10/15/2024 indicated Resident #4 had verbal behavioral symptoms directed toward others, openly expresses anger with others. Interventions included: conduct 1 on 1 sessions with resident, encourage resident to verbalize feelings in an appropriate manner and provide realistic feedback, talk with family and friends to identify potential sources/reasons. Further review of the care plan indicate Resident #4 had verbal behavioral symptoms directed at others. Interventions included: encourage caregivers to participate in activities with resident to promote positive interactions, gently remind resident that screaming/cursing is not appropriate, record behaviors on behavior tracking form, respond in a calm voice, maintain eye contact, remove from area if resident is verbally abusive to others. Interview on 1/14/25 at 9:41 am Resident #4 said she was concerned about her teeth and concerned about the pain in her feet. She said she may have neuropathy. Resident #4 said she got some teeth, but they did not fit correctly in her mouth. She has brought up the issue to the facility about her teeth and has not heard anything. Resident #5 Record review of Resident #5's face sheet, 1/14/2025, revealed an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), unspecified dementia (a group of thinking and social symptoms that interferes with daily functioning), major depressive disorder (a mental illness that causes a persistent low mood and loss of interest in activities), and psychosis (a mental disorder characterized by a disconnection from reality). Record review of the PASRR level 1 screening dated 2/17/2021 from the hospital indicated Resident #5 was negative for mental illness, intellectual disability, and developmental disability. Record review of Resident #5's comprehensive MDS dated [DATE] indicated Resident #5 had a BIMS of 10 which indicated moderate cognitive impairment. Resident #5 had active diagnoses of anxiety disorder and psychotic disorder and was taking an antidepressant. Record review of physician orders dated 10/18/2024 indicated Resident #5 was prescribed Trazodone 100 mg once at bedtime for insomnia. Record review of care plan dated 8/13/2024 indicated Resident #5 had a diagnosis of anxiety disorder manifested by verbal distress. Interventions included: assess and record behaviors, assess need for PRN antianxiety medication if interventions do not relieve anxiety, conduct 1 on 1 visits with resident, help resident identify specific thoughts/ideas that cause anxiety, reassure resident during periods of distress/anxiousness, speak in a calm voice, validate feelings. Resident #5's care plan also indicated anxiety disorder with physical manifestations of anxiety. Interventions included: assess changes in mental status, assess and record behaviors, determine pattern of behavior, discuss with physician and team a trial period of antianxiety medication therapy, touch hand/shoulder to show caring or provide comfort, provide 1 on 1 interaction-read a story/talk about events. (continued on next page)

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	01/16/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 1/14/25 at 9:53 am, Resident #5 was in the hallway in front of her room sitting in her wheelchair. Resident #5 said the nurse practitioner and the dentist was going to see her today. Resident #5 asked about the cost of notary. She said she was told by the nurse practitioner she could not have apple sauce because it had too much sugar. She said her diet was recently switched to puree. She said she also needed hearing aids , she said she reads people's lips to see what they are saying. She said her middle name meant Refreshed and rested. Resident #43 Record review of Resident #43's face sheet, dated 1/15/2025, revealed an [AGE] year-old woman admitted to the facility on [DATE]. Her diagnoses included essential hypertension, psychosis (a mental disorder characterized by a disconnection from reality), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), major depressive disorder (a mental illness that causes a persistent low mood and loss of interest in activities), brief psychotic disorder (short-term display of psychotic behavior such as hallucinations or delusions) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Record review of the PASRR level 1 screening dated 1/13/2021 indicated Resident #43 was negative for mental illness, intellectual disability, and developmental disability. Record review of Resident #43's quarterly MDS dated [DATE] indicated Resident #43 had a BIMS of 9 which indicated moderate cognitive impairment. Resident #43 had active diagnoses of depression, bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and was taking an antipsychotic and antidepressant. Record review of physician orders dated 12/1/2024 indicated Resident #43 was prescribed Olanzapine 5 mg twice daily for bipolar disorder, Divalproex 250 mg twice daily for bipolar disorder, and Sertraline 100 mg once daily for depression. Record review of the care plan dated 1/15/2025 indicated Resident #43 had altered thought processes r/t short term memory deficit, delusions, and hallucinations. Interventions included: psych services as needed, medications as ordered, monitor for mental status changes and other underlying medical condition changes, redirect away from source of increased stimuli, re-approach when uncooperative, and encourage family involvement. Further review of the care plan indicated Resident #43 had ineffective individual coping r/t inability to manage internal and external stressors secondary to Alzheimer's, anxiety, and agitation. Interventions included: redirect away from source of increased stimuli, provide reassurance, encourage family involvement, allow resident to voice concerns, psych services as needed, re-approach when resistive or acting out, protect from injury to self and others, medications as ordered, notify MD and family of changes, monitor for changes in mental status and other underlying disease process, encourage resident to get out of bed. Further review of the care plan indicated Resident #43 was receiving antidepressant drugs on a regular basis. Interventions included: conduct 1-on-1 visit with resident to discuss status and adjustment to lifestyle changes, monitor for side effects of medication report promptly to the physician, plan with resident and the physician for a trial period of dose reduction, record behavior on behavior tracking record. Resident #66 (continued on next page)

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	01/16/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #66's face sheet dated 1/15/2025 revealed a [AGE] year-old woman admitted to the facility on [DATE]. Her diagnoses included unspecified severe protein-calorie malnutrition, schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Record review of the PASRR level 1 screening dated 7/1/2024 indicated Resident #66 was negative for mental illness, intellectual disability, and developmental disability . Record review of Resident #66's quarterly MDS dated [DATE] indicated Resident #66 had a BIMS of 14 which indicated cognition was intact. Resident #66 had active diagnoses of bipolar disorder and schizophrenia was taking an antidepressant. Record review of physician orders dated 1/1/2025 indicated Resident #66 was prescribed Trazadone 100 mg and Sertraline 25 mg for depression, Divalproex 125 mg for bipolar disorder. Record review of care plan dated 1/5/2025 indicated Resident #66 had verbal behavioral symptom directed at others. Interventions included: encourage caregivers to participate in activities with resident to promote positive interactions, gently remind resident that screaming/cursing is not appropriate record behaviors on behavior tracking form, respond in a calm voice, maintain eye contact and remove resident from area if verbally abusive to others. Further review of the care plan revealed Resident #66 had physical behavioral symptoms directed at others. Interventions included: provided medication as ordered, record behaviors on Behavior Tracking Form, remind resident that behavior is not appropriate and remove from situation, allow time to calm down. Interview on 1/14/25 at 9:40 am, Resident #66 stated everything was going well and was excited about getting her dentures soon. Resident #82 Record review of Resident #82's face sheet dated 1/16/2025 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included rhabdomyolysis (a breakdown of muscle tissue that releases a damaging protein into the blood), urinary tract infection, hypokalemia (a high level of the electrolyte potassium in the blood), and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Record review of the PASRR level 1 screening dated 11/26/2024 indicated Resident #82 was negative for mental illness, intellectual disability, and developmental disability . Record review of Resident #82's comprehensive MDS dated [DATE] indicated Resident #82 had a BIMS of 9 which indicated moderate cognitive impairment. Resident #82 had an active diagnosis of bipolar disorder was taking an antidepressant. Record review of physician orders dated 12/18/2024 indicated Resident #82 was prescribed Sertraline 50mg for depression and Divalproex 125mg for bipolar disorder. (continued on next page)

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	01/16/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of care plan dated 1/6/2025 indicated Resident #82 used antidepressant medication. Interventions included: administer antidepressant medication as ordered by physician, monitor/document side effects and effectiveness q-shift, monitor/document/report PRN adverse reactions to antidepressant therapy. Interview on 1/14/2025 at 1:50 pm with Resident #82, she said she did not eat lunch because she was not hungry. Resident #82 said staff treated her well and did not have any complaints . Interview on 1/16/25 at 11:23 am with MDS Coordinator A, she had worked at the facility for over a year. She said their process was to use the information from the PASRR that came from the hospital and input resident's information. She said if the resident came from home, they would do an in-house assessment on the resident. She said she was responsible along with the other MDS Coordinator for the PASRR forms. She said there were not any audits conducted on the PASRRs. MDS Coordinator A said the risk to the resident was they would not get the treatment they need. Interview on 01/16/25 at 12:03 PM with MDS Coordinator B, she said she does not look at PASRR on residents who came to the facility with another admitting dx such as rhabdomyolysis. She said she does not look at the PASRR if it was already filled out by the hospital, those are the forms the facility uses and submits. She said a resident can be diagnosed with a MI , but do not submit a new PASRR or re-evaluate if the resident was at the facility for less than 30 days . Interview on 1/16/25 at 4:18 pm with the Administrator and Interim Administrator. The Administrator said the resident should be assessed for PASRR when they enter the facility and if the resident was positive, they would need to be referred to the local authority. The Interim Administrator said the risk to the resident was they would not get the services they truly need . Record review of the policy titled Admission Criteria dated March 2019 under section 9a read in part . all new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID), or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review process . the facility conducts a Level 1 PASRR screen for all potential admissions, regardless of payor source, to determine if the individual meets the criteria for a MD, ID, or RD .

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	01/16/2025

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863 Based on record review, and interview the facility failed to develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care that meets professional standards of quality of care for 1 of 8 (Resident #82) residents reviewed for base line care plans. The facility failed to develop a baseline care plan that addressed the PASRR diagnosis for Resident #82. This failure could place a new resident at risk of not receiving necessary care and services or having important care needs identified. Findings Include: Record review of the face sheet, dated 01/16/2025, revealed Resident #82 was a [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses of Rhabdomyolysis (when muscle breaks down and releases harmful substances into the blood), Urinary tract infection (a bacterial infection that affects the urinary tract, which includes the kidneys, ureters, bladder, and urethra.), and bipolar disorder (a mental illness that causes extreme mood swings, which can affect a person's energy, activity, and concentration). Record review of Resident #82's admission MDS dated [DATE] revealed she had a BIMS score of 09, indicating she had moderate cognitive impairment. Resident #82 had an active diagnosis of bipolar disorder and was on psychotropic medication. Record review of Resident #82's baseline care plan revealed no care plan to address her bipolar disorder or PASRR. An interview on 01/15/25 at 4:08 PM with LVN O, who said the baseline care plan was part of the admission process, and the admitting nurse should initiate the baseline care plan. She said we have a baseline care plan, so we know what care to provide the residents. She said wound care, incontinent care, and ADLs are examples of what should be addressed in the baseline care plans. She said the risk of not doing a baseline care plan was we would not know how to care for the residents if the care plan was not done. An interview on 01/15/25 at 4:12 PM with LVN D, who said the nurses should initiate the baseline care plan. He said a care plan should focus on issues/concerns/diagnoses that the resident comes to the facility with such as wounds, behaviors, and ADLs. He said we have care plans to provide guidance on how to care for residents, and it also helps with coordination of care. He said the risk of not having a baseline or comprehensive care plan was that other staff might not know how to care for the resident. He said he was trained on initiating care plans when he started at the facility, but all nurses should know how to initiate a care plan. (continued on next page)

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	01/16/2025

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 01/15/25 at 4:25 PM with the DON, who said her expectations regarding baseline and comprehensive Care plan was that the admitting nurse should complete the baseline care plan. The baseline care plan should include ADLs, wounds, respiratory, and dietary needs or concerns. She said the risk of not having a baseline or comprehensive care plan would be not providing the care needed to the residents. An interview on 01/16/25 at 3:35 PM with the Interim Administrator, who said it was his expectation that nursing staff initiate and complete care plans. He said the risk of not having a care could result in the staff not knowing how to take care of the resident. Record review of the facility's policy titled Care Plans - Baseline dated 2001 Med-Pass, Inc. (Revised March 2022) read in part. A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. - Policy Interpretation and Implementation. 1. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: a. Initial goals based on admission orders and discussion with the resident/representative; b. Physician orders; c. Dietary orders; d. Therapy services; e. Social services; and f. PASARR recommendation, if applicable .

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	01/16/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863 Based on interview, and record review, the facility failed to develop and implement person-centered care plans for each resident, consistent with resident rights that included measurable objective and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 12 residents (Resident #73) reviewed for comprehensive care plans. The facility failed to ensure Resident #73's comprehensive care plan included the care for her rectal tube. This failure could place the resident at risk for appropriate interventions to meet their care needs. Findings Include: Record review of the face sheet, dated 01/16/2025, revealed Resident #73 was a [AGE] year-old female resident, who was admitted to the facility on [DATE] with diagnoses of Osteomyelitis of Vertebra (a bone infection), Epilepsy with status epilepticus (when a person has a seizure that lasts too long or has multiple seizures without regaining consciousness in between), cardiac arrest(heart suddenly stops beating), and Sepsis due to Streptococcus Pneumoniae (life-threatening condition that occurs when the body can't fight off the bacteria). Record Review of Resident #73's admission MDS Assessment, dated 11/28/2024, did not reflect a BIMS summary score. The assessment did indicate the resident was incontinent to both bowel and bladder and had a stage 4 Pressure Ulcer (the most severe stage, where the tissue damage extends completely through the skin, reaching the underlying muscle, tendon, or bone, often with visible exposed tissue and a high risk of infection). Record review of the comprehensive care plan reflected the resident had an alteration in gastrointestinal status (rectal tube in place) which had not been initiated until 01/16/25. The rectal tube was placed prior to 01/16/25, and the care plan should have reflected the initial rectal tube placement . Interventions were to discuss with the resident/family /caregivers any concerns/fears/issues related to gastro-intestinal distress, and give medications as ordered. Monitor/document side effects and effectiveness, also monitor output. Record review of nursing notes dated 01/12/24 at 8:42PM revealed that the resident had a rectal tube that was dislodged while providing care to the resident. Record review of Resident 73's December 2024 TAR, revealed no documentation of the rectal tube. (continued on next page)

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	01/16/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 01/15/25 at 4:12 PM with LVN D, who said the nurses should initiate the baseline care plan. He said a care plan should focus on issues/concerns/diagnoses that the resident comes to the facility with such as wounds, behaviors, and ADLs. He said we have care plans to provide guidance on how to care for residents, and it also helps with coordination of care. He said the risk of not having a baseline or comprehensive care plan was that other staff might not know how to care for the resident. He said he was trained on initiating care plans when he started at the facility, but all nurses should know how to initiate a care plan. An interview on 01/15/25 at 4:25 PM with the DON, who said her expectations regarding baseline and comprehensive Care plan was that the admitting nurse should complete the baseline care plan. The baseline care plan should include ADLs, wounds, respiratory, and dietary needs or concerns. She said the risk of not having a baseline or comprehensive care plan would be not providing the care needed to the residents. An interview on 01/16/25 at 12:03 PM with MDS Coordinator B, who said she did not initiate acute care plans. She said the ADON and DON completed those comprehensive care plans. She said she was not instructed to do comprehensive care plans until today. MDS Coordinator B said she and MDS Coordinator A are now reviewing and updating all residents care plans. An interview on 01/16/25 at 3:35 PM with the Interim Administrator, who said it was his expectation that nursing staff initiate and complete care plans. He said the risk of not having a care could result in the staff not knowing how to take care of the resident. Comprehensive Care plan Policy was requested on 01/16/25 at approximately 3:40 PM from the administrator and DON, but the policy was not received.

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	01/16/2025

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 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** 27846 Based on observations, interviews, and record review, the facility failed to ensure that each resident who was incontinent of bowel/bladder and each resident with an indwelling catheter received appropriate treatment and services to prevent urinary tract infections, for 1 of 5 residents (Resident #49) reviewed for incontinent care and for indwelling urinary catheters. The facility failed to ensure Resident #49's indwelling catheter (a tube into the bladder to drain urine) stabilizer (strap or secure device attached to the resident's thigh to prevent the tube from moving) was in place. This failure could place residents At risk for not receiving the appropriate catheter care. Findings included: Record review Resident #49's (undated) face sheet revealed an [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included disorder of prostrate, neuromuscular dysfunction of bladder disorder (a condition where the nerves controlling the bladder are damaged), unspecified. Record review of Resident #49's care plan effective dated 04/04/2024 revealed the following: Problem: Resident #49 had a foley catheter. Resident #49 was at risk for increased urinary tract infections. Goals: Foley catheter would remain patent. Resident would not develop increased incident of urinary tract infections. Interventions: Change foley catheter, tubing and bag as physician ordered. Ensure leg strap or other method to secure catheter is in place unless contraindicated. Record review of Resident #49's annual MDS assessment dated [DATE] revealed Resident #49's speech was clear. The resident always made self-understood. He had the ability to understand others. The resident's BIMS was scored as 11 (which indicted the resident's mental status was moderately impaired). Resident #49 had no impairment of bilateral upper and lower extremities. Resident #49 had an indwelling catheter. The resident's Section I active diagnoses was documented as medically complex conditions. Record review of Resident #49's TAR dated 01/01/2025-01/31/2025 revealed Foley catheter output every shift for urinary output. Start dated 12/27/2024. (continued on next page)

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	01/16/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 01/14/2025 at 9:35 AM assisted by LVN A revealed Resident #49 was in bed sleeping. Resident #49 woke when entering the room. Resident #49 was alert and oriented. The resident's catheter tube was positioned over the resident's right leg to the drainage bag on the right side of the bed. Observation revealed no strap or device to secure the catheter tube to the resident's thigh. Observation at this time revealed no trauma to the resident's urethra (a hollow tube that allows urine to exit the body). During an interview on 01/14/2025 at 9:39 AM LVN A stated the catheter should have been secured in place with a leg strap. The LVN stated the nurse and CNA were responsible for ensuring the catheter was secured. The CNA was able to secure the catheter if needed. The CNA could report to the nurse if a strap was missing. We would secure it. LVN A stated she was not sure how long the catheter tubing was not secured. LVN A stated it was secured yesterday. LVN A stated she was giving medications. She stated she had not checked the catheter yet this morning. LVN A stated the risk of the catheter tubing not being secured was the tube could be pulled on. She stated a risk was it could be pull out. In an interview on 01/14/2025 at 9:42 AM Resident #49 stated the catheter did not hurt him. Resident #49 stated he did not remember when the strap came off. In an interview on 01/14/2025 at 9:57 AM with CNA B she stated she was taking care of the resident. CNA B stated she was trained on catheters. CNA B stated the tube was to be secured. CNA B stated if a catheter was not secured, we tell the nurse. CNA B stated the tube could pull when it was not secured. Record review of Resident #49's Physician order sheet revealed foley catheter care every shift. Check for placement and patency. Order dated 01/15/2025. In an interview on 01/15/2025 at 7:34 AM the DON stated LVN A notified her Resident #49 did not have a strap to secure the tubing. The DON stated on Monday the managers and charge nurses rounded to make sure leg straps were on. The DON stated LVN A told her the resident did have the strap in place on Monday afternoon at 2:00PM. The DON stated we did not know why the strap was not on. The risk of not having the strap was the tubing could pull and cause trauma. The DON stated staff was in serviced in October regarding the catheter strap. She stated they would continue to check them every morning and address the straps in the morning meetings. In a phone interview on 01/15/2025 at 10:44 AM Resident #49's physician stated the risk if the catheter tube was not secured it could pull through the resident's urethra with the balloon (a balloon filled with water at the end of the catheter tube inside the bladder to keep it from falling out) intact resulting in trauma. The physician stated it was good practice to use a strap to secure the foley in place. The physician stated he was not aware of Resident #49 having any trauma from the catheter. In an interview on 01/16/2025 at 11:18 AM Interim administrator stated he understood the resident did not have a catheter strap on Tuesday morning. The administrator stated he was not sure why the strap was not on. The administrator stated the strap was important to make sure the tube drains correctly to keep the tube from pulling. The administrator stated the risk was improper draining and trauma. The administrator stated the policy was to have the catheter strap in place. It was the responsibility of the CNA and Nurse to verify the catheter strap was in place. (continued on next page)

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	01/16/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/16/2025 at 11:32 AM the Administrator on Record stated the catheter strap was important to make sure the catheter drained well. She stated when the catheter did not drain well the risk of infection increased. She stated we needed to monitor all catheters for the strap daily. The nurse would be responsible for replacing it immediately. Record review of the facility policy titled Catheter Care dated June 14, 2006, reviewed and updated March 2019 read in part: . Responsibility Licensed Nurse and Nurses Assistance. Purpose To prevent infection and to reduce irritation. Equipment leg strap. Procedure Ensure Leg Strap in place to secure tubing .

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	01/16/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863 Based on observations, interviews, and record reviews, the facility failed to ensure that residents who needed respiratory care were provided with such care, consistent with professional standards of practice for 2 (Resident #240 and #73) of 8 residents reviewed for respiratory care. The facility failed to ensure Resident #240 and #73's had physician's orders for O2 administration prior to providing oxygen. The facility failed to label and date oxygen tubing and the humidifier for rResident #73. These failures could place residents who receive respiratory care at risk for developing respiratory complications and a decreased quality of care. Findings Include: Record review of the face sheet, dated 01/16/2025, revealed Resident #240 was a [AGE] year-old male resident who was admitted to the facility on [DATE] with diagnoses of Cerebral infarct (a stroke that occurs when blood flow to the brain is blocked), Pneumonia due to Methicillin Resistant Staphylococcus Aureus (a lung infection caused by the MRSA bacteria), Pneumonia due to Pseudomonas (a lung infection caused by the pseudomonas bacteria), and Acute and Chronic Respiratory Failure with Hypoxia (a condition that occurs when the body or a part of the body doesn't have enough oxygen). Record Review of Resident #240's admission MDS Assessment, dated 01/16/2025, was in progress and did not reflect a BIMS score. The MDS assessment did reflect an active diagnosis of respiratory failure. Record review of the comprehensive care plan, initiated on 01/14 /2025 , revealed Resident #240 had ineffective Airway Clearance -Tracheostomy in place. The interventions included: evaluate for shortness of breath, evaluation of lung sounds, pulse oximetry, respiratory rate and effort, evaluating sputum characteristics including consistency, quantity, color and odor, monitoring for changes in respiratory rate or shallow breathing, monitoring for use of accessory muscles, and suction PRN. During observations on 01/14/25 at 8:57 AM, Resident #240 was lying in bed with his eyes closed. The resident did not respond when spoken to. An oxygen concentrator was at bedside, with the O2 set at 5 liters per minute via tracheostomy (an opening in the neck into the windpipe, allowing air to pass into the lungs). Record review of the face sheet, dated 01/16/2025, revealed Resident #73 was a [AGE] year-old female resident who was admitted to the facility on [DATE] with diagnoses of Osteomyelitis of Vertebra (a bone infection), Epilepsy with status epilepticus (when a person has a seizure that lasts too long or has multiple seizures without regaining consciousness in between), cardiac arrest (heart suddenly stops beating), and Sepsis due to Streptococcus Pneumoniae (life-threatening condition that occurs when the body can't fight off the bacteria). (continued on next page)

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	01/16/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record Review of Resident #73's admission MDS Assessment, dated 11/28/2024, did not reflect a BIMS summary score. The assessment indicated that the resident was on oxygen therapy and received tracheostomy care, include suctioning. Record review of the care plan reflected that the resident had a tracheostomy related to impaired breathing mechanics. The interventions include ensuring that trach ties are secured at all times, Monitoring/documenting for restlessness, agitation, confusion, increased heart rate (Tachycardia), and bradycardia, monitoring/documenting level of consciousness, mental status, and lethargy PRN, and monitoring/documenting respiratory rate, depth and quality. And Check and document every shift/as ordered. Record review of the TAR with Trach care (suctioning, dressing change, cannula care, Velcro/tie changes) initiated on 01/14/25. Record review of the TAR with Oxygen at 5 liters per minute initiated on 01/15/25. During observation on 01/14/25 at 8:50 AM, Resident #73 was lying in bed with her head of bed elevated and her eyes closed. A family member was at bedside. The O2 concentrator at bedside set at 5 Liters per minute. No label or date was noted to the humidifier or O2 tubing. An interview on 01/14/25 at 3:07 PM with LVN O, who said the respiratory therapist should have initiated orders and treatment on trach residents if he was at the facility. She said the respiratory therapist provides tracheostomy training to the nurses. She said she was trained to suction and clean the tracheostomy every shift and as needed. She said she monitors her residents with tracheostomies more frequently, often every hour, to ensure they don't need to be suctioned or not in distress. She said she cleaned the trach when she notices buildup, but the trach should be monitored every shift and as needed. She said all trach instructions are in the admission packet when the resident arrive, including trach care and instructions. The NP/MD had to approve Trach care and O2 orders before adding to the EMR. She said the risk of not documenting trach care was that if you did not document, it was not done. An interview on 01/14/25 at 3:15 PM with the Respiratory Therapist, who said he had worked at the facility for [AGE] years and he was required to have Continuing Education for his RT license. He said there were 3 trach residents on this unit. He said he should have put the orders in the EMR for trach care on the new admit, but the facility have a new EMR system, and he was unfamiliar and needed help putting in the new orders. He said he assesses residents with tracheostomy on admission. He said he educated and trained nurses on trach care. He said his last training was approximately 3 months ago. He said the nurse should suction every shift but also PRN. He said the nurse had to activate the TAR, but it was completed by the RT and nurses. He said the nurse could document trach care in their progress notes if no TAR was activated for this resident, the nurse can document in their progress notes. He said he did not know the risk of not having an order or documenting trach care. (continued on next page)

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	01/16/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview on 01/14/25 at 3:24 PM with LVN C, who said she did not have a trach resident, but she said she was trained by the respiratory therapist. She said Central supply had all the supplies needed for resident admitted to the facility with a tracheostomy. She said the nurse should have a physician order for tracheostomy care and/or oxygen therapy. She said there should always be an order. The nursing staff needs to know how to care for the resident because they are dealing with the resident's airway. LVN C said that, as a prudent nurse, the supervisor could assist with entering the physician's orders even if the staff did not know how to work the system. She said the TAR should have the tracheostomy care to include suctioning per shift and as needed. She said the risk of not performing tracheostomy care could lead to respiratory distress. An attempted telephone interview on 01/15/2025 at 10:58 AM with the medical director was unsuccessful. An interview on 01/15/25 at 2:45 PM with the DON, who said all humidifiers should be dated and initialed. She said this is how other staff know when to change the humidifiers and O2 tubing. She said the risk of not dating the humidifier and O2 tubing could lead to infection. The DON said all resident with tracheostomies should have orders to include oxygen on admission. She said her expectations were for all nurse to follow physician orders and ensure that the resident trach orders were in place to adhere to the residents' care needs. The DON said the risk of not having physician orders could be not suctioning the resident, or not suctioning as much as needed, which could lead to an ineffective airway. An attempted telephone interview on 01/16 /2025 11:23 AM. with the medical director was unsuccessful. An interview on 01/16/25 at 3:35 PM with the Interim Administrator, who said that his expectation was that all residents should have physician orders for tracheostomy care and oxygen therapy. He said failure to obtain orders could place the resident at risk for not being cared for properly. Record review of facility's policy titled Oxygen Administration (Revised October 2010) read in part: . Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. Documentation. 1. The date and time that the procedure was performed. 2. The name and title of the individual who performed the procedure .

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	01/16/2025

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 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. 46678 Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly for 2 of 2 garbage dumpsters (dumpsters #1 and #2) reviewed for disposal of garbage. The facility failed to ensure 2 of 2 dumpster lids were secured. This failure could place residents at risk for exposure to germs and diseases carried by vermin and rodents. Finding included: Observation and interview on 1/14/25 at 8:15 am Dumpster #1 and Dumpster #2 had their lids completely open with the garbage exposed. The Nutrition Director said housekeeping, kitchen, and nursing staff used the dumpsters and the trash had not been taken out that morning. He said some of the housekeeping staff are short and have a hard time closing the lid on the dumpster, they have to use a stick to put the lid back onto the dumpsters. Interview with the Nutrition Director on 1/16/24 at 8:53 am, he said he had worked at the facility for a year and a half. The Nutrition Director said, all of his kitchen staff knew to keep the dumpster lids closed and they were all responsible in making sure the lids were closed. The Nutrition Director said the risks to the residents could be they could fall in the dumpster or get a hold of food in the dumpster. The Nutrition Director said the lids to the dumpsters don't have to be open to attract rodents but if the lids were left open it could attract more rodents. Interview with the [NAME] on 1/16/25 at 9:00 am, she had worked at the facility for 4 and half years. She said she knew the dumpster lids had to be closed and she along with other kitchen staff were responsible for closing the dumpster lids. The [NAME] did not know the risk to the residents if the dumpster lids were left open. Record review of the Dumpster Protocol dated December 2023 read in part . dumpster doors should remain closed at all times .any facility staff bringing trash to the dumpster should check all doors to ensure they are closed .